EFFECTIVENESS OF BENSON'S RELAXATION THERAPY ON ANXIETY AMONG ANTENATAL WOMEN IN A SELECTED HOSPITAL AT COIMBATORE, TAMILNADU.

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In Partial Fulfillment of the Requirement for the

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MASTER OF SCIENCE IN NURSING

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This is to certify that the dissertation entitled**"Effectiveness of Benson's Relaxation Therapy on Anxiety Among Antenatal Women in a Selected Hospital at Coimbatore, Tamilnadu"** is a bonafide work done by **Jemy Mercy Thomas, College of Nursing, Sri Ramakrishna Institute of Paramedical Sciences** in partial fulfillment of the University rules and regulations for award of **M.Sc. Nursing Degree** under my guidance and supervision during the academic year 2016**.**

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Abstract

Pregnancy is a period of immense joy and excitement. Hospitalization leads to increased anxiety and decreased coping mechanism in antenatal women. Relaxation techniques are simple and cost effective methods which help in reducing anxiety and enhancing coping. The main aim of the present study was to assess the effectiveness of Benson's relaxation therapy to reduce anxiety among antenatal women. The research design used for the present study was quasi-experimental, non-equivalent groups design. By using consecutive sampling technique, 30 antenatal women were recruited for the study, 15 antenatal women were allotted to experimental group and 15 antenatal women were allotted to control group. The level of anxiety was assessed using the State Trait Anxiety Inventory for Adults. After the assessment, Benson's relaxation therapy was administered to the antenatal women. The intervention was given for 30 minutes twice daily for 3 days in a week. Post- test assessment was performed on the third day with the same tool. It was identified that the mean level of anxiety among antenatal women in experimental group and control group was 45.6 and 131.6 respectively with a mean difference of 86. Likewise the standard deviation of the experimental group and control group was 5.02 and 5.90 respectively. The calculated 't' value was 44.55, which was greater than the table value and highly significant at 0.001 level. This highlights the effectiveness of Benson's relaxation therapy in reducing the level of anxiety among antenatal women.

INTRODUCTION

Being a mother is the happiest moment and a turning point of a woman's life. Pregnancy may not always progress smoothly, women experience dramatic changes during pregnancy, making them highly sensitive to emotional stimuli which are sometimes accompanied by psychological problems. Maternal psychological state affects the intrauterine environment and has a great impact on the foetal growth and health as pregnant women are more vulnerable to anxiety compared to non pregnant women (Nasrin A et al.,2015).

Anxiety disorders are prevalent during pregnancy, playing a large part in the quality of health. Results of studies suggest an increase in anxiety disorders in pregnancy may have an adverse effect on the foetus and neonate. Researchers have found that anxiety during the third trimester of pregnancy can predict emotional problems of child in adulthood. Anxiety during pregnancy can cause foetal loss, preterm birth and low birth weight and also limited foetal growth and asphyxia which would increase medical interventions such as caesarean sections (Moonire Toosi et al., 2013).

Relaxation is known as an anxiety-reducing intervention that has great effects on both mother and foetus. Relaxation techniques are powerful tools for coping with anxiety and promoting long term health in antenatal women by slowing down the body and quietening the mind. Relaxation mediates anxiety reduction and can have an important role in physiological, psychological and social functions. Beneficial effect of relaxation therapy will reduce the anxiety and stress that the women may experience during pregnancy (Vivetteglover et al.,2012).

Benson's relaxation therapy is a meditative technique which was pioneered by the physician Herbert Benson during 1970's. It is easy and safe in pregnancy and is easy to perform. It is mainly carried out by focused breathing which reduces anxiety. A wide variety of diverse diseases seems to be amenable to the therapeuticeffect of Benson's relaxation therapy (Lehrer et al.,2007).

A study conducted by MonireToosiet al., (2013) on Benson's relaxation therapy among antenatal women concluded that reduction of anxiety improved maternal attachment to foetus by relaxation training.

Nurses play a vital role in maintaining women's health and making them aware of antenatal period and anxiety related to it. Antenatal anxiety is usually mild to moderate. Some women may go through severe levels of anxiety also. Nurses should identify the needs of the antenatal women, provide instruction and advise them to practice some sort of relaxation techniques to practice during pregnancy in order to promote physical and psychological wellbeing.

1.1 Need for the Study

Pregnancy is a time of many changes in the women's body,emotions and in the family. Women may welcome these changes but they can add new anxiety to life. According to national health survey (2012), 30% of antenatal women are reported to have anxiety in India. In Tamil Nadu 16%antenatal women are reported to have anxiety.

A study conducted by ThomaG.O Connor et al., (2012) concluded that preterm labour and low birth weight for gestational age are the outcomes linked most consistently with antenatal anxiety.

A study conducted by Toosi M et al.,(2012)with a sample size of 84 participants concluded that relaxation training during pregnancy has got positive impact on health index such as Apgar index,weight,height in infants after delivery.

A quasi experimental study conducted by Tetti Solenhatiet al., (2014)with a sample size of 60 concluded that there is a significant reduction in anxiety among antenatal women undergoing Benson's relaxation therapy. Studies have also proved that relaxation training during pregnancy causes an increase in vaginal delivery with minimal complications and contributes to maternal foetal attachment.

Benson's relaxation therapy has a positive effect on reducing the level of anxiety.It is based on the observation that relaxation therapy produces a "single relaxation response", characterized by diminished sympathetic arousal .It trains the individual daily to enhance the relaxation by improving the mood,bringing down the blood pressure and stressful events in life.The technique involves paced breathing for 10-20 minutes.The technique can be mastered with few days of practice and comprises of easy steps. Benson's relaxation therapy is a powerful technique that can help antenatal women in reducing anxiety. Dr.Herbert Benson author of "Wellness Book" describes how relaxation response has reduced the antenatal anxiety.

It is important to take issues of anxiety during antenatal period seriously and incorporate adequate means to prevent, reduce and alleviate it. The present study is therefore, an attempt to evaluate the efficacy of Benson's relaxation therapy in enhancing pregnancy wellbeing and reducing the level of anxiety among antenatal women in a selected hospital at Coimbatore**.**

1.2 Statement of the Problem

Effectiveness of Benson's Relaxation Therapy on Anxiety among Antenatal women in a selected hospital at Coimbatore, Tamilnadu.

1.3 Objectives

1.3.1 To assess the level of anxiety among antenatal women.

1.3.2 To determine the effect of Benson's relaxation therapy on level of anxiety among antenatal women.

1.3.3 To associate the level of anxiety with selected demographic characteristics and clinical profile among antenatal women.

1.4 Operational Definition

1.4.1 Effectiveness

It refers to the change in mean scores of anxiety among antenatal women after Benson's relaxation therapy, measured using State-Trait Anxiety Inventory for Adults.

1.4.2 Benson's relaxation therapy

It refers to a form of meditation which focuses on the complete deep relaxation of muscles and nervous system followed by paced breathing which is done for 30 minutes twice daily for 3days.

1.4.3 Anxiety

It refers to an unpleasant state of inner turmoil, often accompanied by nervous behaviour (such as pacing back and forth, etc) which is assessed using State Trait Anxiety Inventory for Adults.

1.4.4 Antenatal women

It refers to pregnant women who are admitted for prenatal care and delivery in deluxe wards, special wards and general wards of obstetrical and gynaecology department of Sri Ramakrishna hospital.

1.5 Hypothesis

Hypothesis are framed at 0.01 level of significance.

H_1 : There will be a significant difference between the level of anxiety before and after administering Benson's relaxation therapy among antenatal women.

H_2 : There will be a significant difference in the post-test level of anxiety between the experimental and control group.

H_3 : There will be a significant association between the level of anxiety and selected demographic characteristics and clinical profile.

1.6 Conceptual Framework

Conceptual framework of this study is based on'Helping Art in Clinical Nursing Theory' by Ernestine Wiedenbach in 1964. The theory focuses on three main concepts ie, identification, ministration and validation. According to Wiedenbach, nursing practice consist of identifying a client's need for help, ministering the needed help, and validating that the need for help was met.

1.6.1 Identification

Identification involves viewing a client as an individual with unique experiences and understanding the client's perception of the condition. In this study, identification refers to the symptoms or the discomfort experienced by the antenatal women.

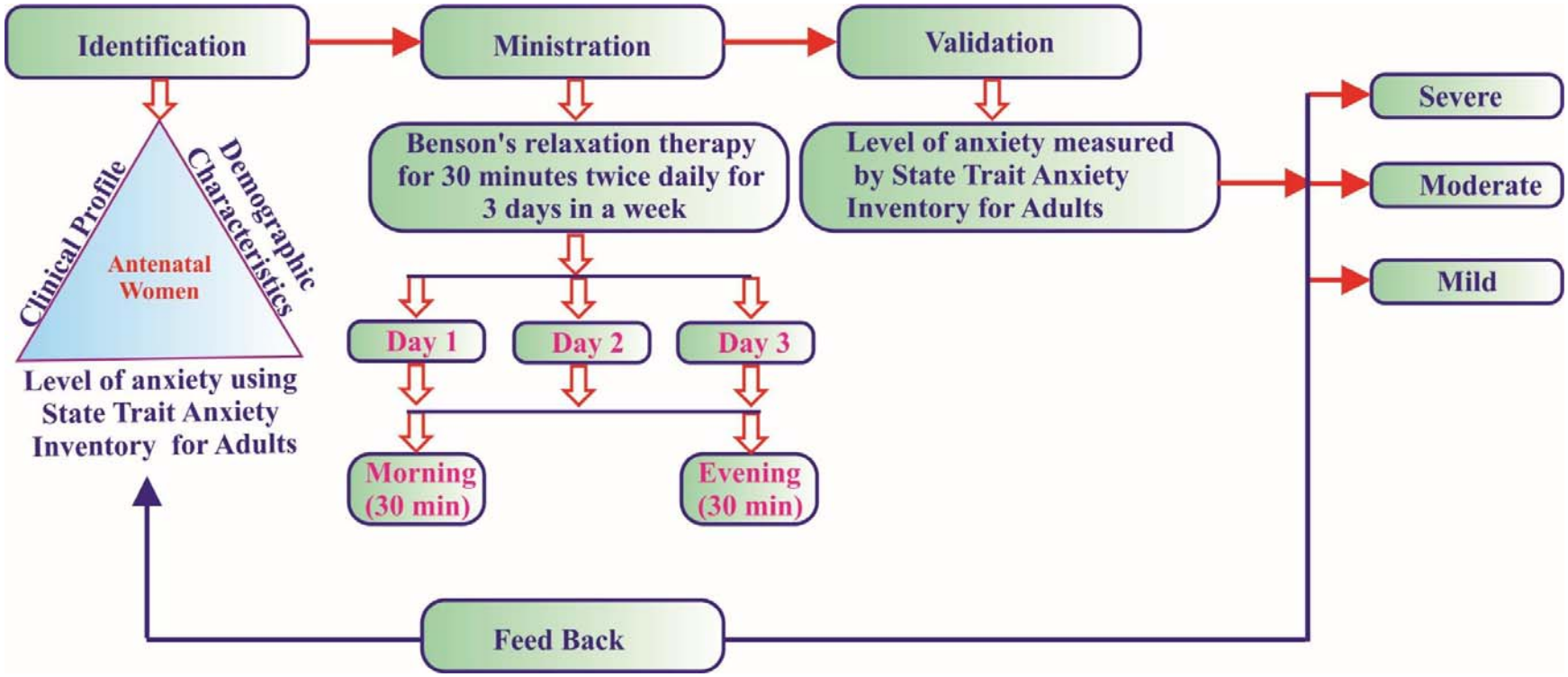
1.6.2 Ministration

Ministration refers to the provision of needed help. In this study, the ministration refers to implementation of Benson's relaxation therapy for antenatal women.

1.6.3 Validation

Validation refers to the collection of evidence that shows that the pregnant women's needs have been met and the functional ability has been restored as a result of ministration. In the study validation refers to the assessment of the stress experienced by the antenatal women after the administration of Benson's relaxation therapy.

Figure. 1 :CONCEPTUAL FRAMEWORK BASED ON WIEDENBACH'S HELPING ART IN CLINICAL NURSING THEORY BY ERNESTINE WIEDENBACH (1964)



1.7 Projected Outcome

Level of anxiety among antenatal women admitted in Sri Ramakrishna Hospital for prenatal care and delivery will be reduced after administering Benson's relaxation therapy.

REVIEW OF LITERATURE

A literature review is an evaluative report of information found in the literature related to a selected area of study which includes the current knowledge including substantive finding, as well as theoretical and methodological contribution to the particular topic. It provides the researcher with an opportunity to evaluate many different research approaches.

2.1 Literature related to anxiety among antenatal women.

2.2 Literature related to Benson's relaxation therapy.

2.3 Literature related to effect of Benson's relaxation therapy on anxiety among antenatal women.

2.1 Literature related to anxiety among antenatal women

Individuals face anxiety throughout the ages. Anxiety is an emotional response to anticipation of danger, the source of which is largely unknown and unrecognized. Anxiety may be regarded as pathologic when it interferes with effectiveness in living, achievement ofdesired goals or satisfaction or reasonable emotional comfort **(Shahrokh and Hales, 2003).**

Souza,M.Set al.,(2015) conducted a study to determine the prevalence of pregnancy specific anxiety and associated factors among pregnant women during the three trimesters of pregnancy. A prospective explorative survey was conducted among 500 low risk Indian women of age 18-35 years,in a maternity government hospital, Kerala. An exploratory research design with a prospective cohort approach was adopted for the study. State Trait Anxiety Inventory for Adults and Pregnancy Specific Anxiety Inventory was used to collect data. Highest prevalence of pregnancy specific anxiety during third trimester and young age, nulliparous status and nuclear family was identified as common risk factors.

A study was conducted by **Jessica, L et al.,(2014)** on disturbed dreaming during the third trimester of pregnancy with a sample size of 62 pregnant women. State Trait Anxiety Inventory and Beck Depression Inventory was used to collect data. The researcher concluded that prevalence of anxiety during third trimester about pregnancy outcome has positive effect on disturbed dreaming.

A study was conducted by **Madhavaprabakaran, G.Ket al.,(2013)** on effects of pregnancy related anxiety on labour outcomes with a sample size of 500 low risk pregnantwomen of 18-35 years, in Kerala, India. Anxiety was measured using State Trait Anxiety Inventory for Adults and Pregnancy Specific Anxiety Inventory. The findings suggest that pregnancy anxiety is a core predictor of many adverse labour outcomes such as prolonged labour. Preterm labour, low birth weight and unplanned caesarean section and the mean anxiety score during third trimester was high (106.89) compared to first, second trimesters and postnatal period (100.34, 85.50, 95-98).

A study was conducted by **Chan,C.Y et al., (2013)** on the association of antenatal anxiety in the first trimester and its effects on third trimester and postpartum period. Consecutive sample of 1470 Chinese pregnantwomen from hospitals in Hongkong were invited to participate in the study. The results showed that 17.7% of pregnant women had anxiety in the first trimester of pregnancy. Anxiety symptoms in the first trimester were independent predictors for anxiety symptoms in the third trimester and postpartum period.

Astudy was conducted by **Levesque et al., (2013)** on anxiety rates among hospitalized pregnant women on bed rest. Findings suggest that depression and anxiety are relatively common in hospitalized obstetric patients. Early intervention that begins in pregnancy is important and may mitigate the risk of postpartum depression.

A study was conducted by **Michael, T.K(2013)** on impact of maternal stress,depression and anxiety on foetal behaviour with a sample size of 120 antenatal women in New York. It was found that foetus of mother with high anxiety spent more time in quiet sleep and were less active in active sleep than foetus of mother with anxiety and also maternal mood may affect central nervous system development of foetus.

Franscesco et al.,(2013) conducted a study on the efficacy of relaxation training in treating anxiety among antenatal women. A sample size of 40 mother with generalized anxiety disorders were selected and allocated into experimental and control group. The researcher concluded that relaxation training is effective in reducing anxiety and is a valid treatment option for many anxiety related disorders.

A study was conducted by **Schetter,D.C.,** and **Tanner,L. (2012)** in California, to identify the implications for anxiety, depression and stress in pregnancy. The study concluded that early identification of risk factor prior to pregnancy and interventions designed for preconception will reduce the burden of maternal stress, depression and anxiety in the perinatal period.

A cross section study was conducted by **Iqbal S.Aet al., (2012)** to determine the frequency and associated factors for anxiety and depression in pregnant women. A total of 165 pregnant women were interviewed by a clinical Psychologist. The study concluded that 70% of the screened pregnant women were either anxious, depressed or both. As a result of lack of social support, social relations, gender based violence, domestic violence, this is more in high income counties and is growing in low income counties.

A study was concluded by **Joanna, J.A. (2012)** to investigate pregnancy specific anxiety and the alcohol related risks in United States. The study concluded that adolescent pregnant women are at highest risk and pregnancy anxiety was the single strongest predictor of alcohol consumption during pregnancy.

A study was conducted by **Alipour, Z et al., (2011)** on the association between antenatal anxiety and fear of childbirth in nulliparous women with the sample size of 160 at gestational age of 28^{th} to 30^{th}weeks in a health centre, Iran. The researcher concluded that one in five pregnant women would experience moderate anxiety at child birth and 6% to 13% of the pregnant women would experience severe and disabling fear of child birth.

A study was conducted by **Rosand et al., (2011)** on the anxiety and good partner relationship during antenatal period with a sample size of 50,000 antenatal women between 17 weeks of gestation. The participants completed a general health questionnaire. The study concluded that women with good partner relationship seemed to cope with more stress in other areas without becoming anxious and depressed compared with women who are dissatisfied with their relationship.

An interventional study was conducted by **Josefsson, A et al., (2010)** to determine prevalence of anxiety and depressive symptoms among obese pregnant and post-partum women with a sample size of 151 obese women in intervention group and 188 obese pregnant women in control group. Beck Anxiety Inventory was administered. The result showed that anxiety during pregnancy varied between 24% and 25% in the intervention group,22% and 23% in the control group.

A study was conducted by **Vian, B et al., (2006)** to evaluate quality of life, depression and anxiety among pregnant women withprevious adverse pregnancy outcomes in Brazil with a sample size of 240 between 18^{th} to 24^{th} weeks of gestation. A questionnaire was used to collect the data. The result show that women with history of recurrent spontaneous abortion, Foetal death, preterm birth or early neonatal death seem to have poor quality of life and more symptoms of anxietyand depression during their subsequent pregnancy compared to those without such antecedents.

Santvana,S et al., (2005) conducted a study on psychiatric disorders associated with pregnancy. The study concluded that 20 out of 32 women with one or more abortions appeared to have psychiatric diagnosis after one or more years. They were also found to be more anxious in subsequent pregnancies.

A comparative study was conducted by **Jeyanthi et al (2005)** on anxiety among primigravida and multigravida with sample size of 60. Interview method was used to collect demographic data. Anxiety scale and stress scale was used to assess the anxiety and stress. The researcher concluded that primi mothers are more anxious during pregnancy than multi gravida.

2.2 Literature related to Benson's relaxation therapy

Studies show that relaxation technique promote better health and are beneficial in patient with anxiety, stress, depression, pain and other symptoms. The psychotherapeutic effects of relaxation response proves the effectiveness of therapy in beating the anxiety **(Rachman, 1968).**

Solehati,T., and Rustina,Y. (2015) studied the effect of Benson's relaxation technique in reducing pain intensity in women after caesarean section

in a sample of size of 60 antenatal women Cibabat Hospital, Indonesia. The outcome of pain severity was measured by visual analogue scale.The study found a significant difference in pain intensity before and after the intervention in control group and interventional group, pain intensity was reduced in interventional group more than control group.

A study was conducted by**, Feyzi, H et al(2015)** on investigating the effect of Benson's relaxation therapy on quality of life among patients receiving hemodialysis in Immam Rezahospital, Iran. By using convenience sampling technique 60 patients receiving hemodialysis were recruited for the study and randomly allocated to experimental group and control group. Patients in the experimental group were trained to perform Benson's relaxation therapy at their home on the daily basis for 60 consecutive days. Patient's quality of life was assessed by disease specific questionnaire. The researcher concluded that Benson's relaxation therapy has positive effect on quality of life. Therefore it can be used for enhancing patient's quality of life in hemodialysis units.

Dixhoorna, J.V et al (2014) wrote an article on Benson's relaxation therapy for rehabilitation and prevention in ischaemic heart disease. The researcher concluded that relaxation therapy has significant effect on recovery from a cardiac ischemic event and secondary prevention.

The study was conducted by **Gorgi,H., and Davanloo,A. (2013)** on efficacy of relaxation training on stress, anxiety and pain perception in haemodialysis patients with a sample size of 88 patients. The result of this study highlighted that Benson's relaxation therapy helped to reduce anxiety of patients compared to those who did not receive any intervention. Meanwhile the changes in anxiety scores were significant.

A study was conducted by **Jasuja, V et al (2013)** relaxation technique and pre-menstrual syndrome with a sample size of 60 within the age group of 18 to 40 years. Participants were randomly assigned to experimental group and control group. All participants were given recorded version of Benson's relaxation therapy to practice at home twice daily for a month. The researcher concluded that experimental group who received Benson's relaxation therapy showed reduction in premenstrual symptoms than the control group.

A study was conducted by **Innes,K.E et al (2012)** on the effect of mind body therapy on menopausal symptoms. The sample consisted of eight hundred and eighty two participants in the age group 40- 60 years. 75-85% of women experience some or all symptoms of menopause including fatigue, sleep impairment, hot flashes, musculoskeletal pain, mood disturbance and headaches. They were randomly assigned into interventional and control group. The study findings concluded that Benson's relaxation therapy is beneficial for reducing vasomotor and other menopausal symptoms.

A study was conducted by **Pietroni. (2012)** on relaxation therapy and imagery in the treatment of breast cancer at outpatientradiotherapy department in a teaching hospital with a sample size of 154 women. Benson's relaxation therapy and relaxation plus imagery were given to the group through tape recording. Repeated instructions were given and women were told to practice at least 15 minutes a day. Self rating scale was used to measure anxiety and depression. The study results showed that patients with early symptoms of breast cancer benefited from relaxation training.

Palson,G. (2011) wrote an article on effect of Benson's relaxation therapy and irritable bowel syndrome. The researcher concluded that there was significantly greater reduction in overall irritable bowel syndrome symptoms,

severity after treatment and 3 months following therapy which also resulted in improved health related quality of life and reduced psychological symptoms.

A study was conducted by **Carrington et al.,(2007)** on use of medication and relaxation techniques for the management of anxiety in a working population with a sample size of 154 telephone employees in New York. The interventional group which received Benson's relaxation therapy showed significantly more stress related symptom reduction than the control group.

Nesami, B. (2006) conducted a study on the effect of Benson's relaxation technique on rheumatoid arthritis patients. A sample of 50 consecutive by matched patients were selected and allocated into two groups, either to experimental or control group. Patients in the experimental group received Benson's relaxation technique combined with medication and patients in control group were given only medication. Clinical symptoms, laboratory findings anxiety, depression and feeling of wellbeing were measured before and after 8 weeks of intervention to evaluate effect of Benson's relaxation technique. There was a significant difference between the two groups in anxiety, depression and feeling of wellbeing and also a decline in disease progress.

A study was conducted by **Kelishadi, R et al., (2006)** on Benson's relaxation therapy to achieve weight control in youth with a sample size of 90 aged between 10-16 years. The study concluded that the mean BMI decreased after the intervention. Both relaxation therapy and parent behaviour therapy can also be considered as useful methods of controlling childhood obesity.

A study was conducted by **Kiyani et al (2002)** on the effect of Benson's Relaxation technique on hemodynamic parameters and stress of acute myocardial infarction in patients who were hospitalized in the CCU ward of Shahid Rajaei

Heart Hospital, Tehran with a sample size of 60. Benson;s relaxation therapy was recorded with researcher's voice and was given to the patients with a head phone four times a day for a period of nine days. Results reflected that Benson's relaxation therapy should be considered in the core plan of patients for betterment of hemodynamic parameters and decrease stress attenuation for the patient with acute myocardial infarction who are hospitalized in the cardiac care unit.

Stein and Smith,(1990) conducted a study on short term stress management programme with seven acutely depressed in-patients. Benson's relaxation therapy was administered to reduce anxiety and to cope more effectively with stress. State Trait Anxiety was administered before and after the intervention to assess the anxiety level. Results showed that there was a significant reduction in anxiety at 0.05 level. Benson's relaxation therapy was the most helpful stress management technique.

2.3 Literature related to effect on Benson's relaxation therapy on anxiety among antenatal women.

A study was conducted by **Nasrin, A et al (2015)** on the effect of maternal relaxation training on reactivity of non stress test and basal foetal heart rate. A sample consisting of 84 pregnant women age between 18 and 35 years at the gestational age of 24-34 were enrolled randomly and assigned to control and interventional group. Relaxation training interventions were held in three groups of 14 members, consisting of one session a week lasting for 60-90 minutes. The study concluded that after Benson's relaxation therapy, maternal anxiety was reduced, the non stress test were reactive and with normal foetal heart rate.

A study was conducted by **Philip, N.M., and Sumathi,G. (2014)** on effectiveness of Benson's relaxation therapy on anxiety and coping among mothers with high risk with a sample size of 30 at Sri Ramachandra Hospital, Chennai. The study result shows that there was a significant difference in the anxiety and coping scores after the intervention at the level of $P<0.001$. This proved that the Benson's relaxation therapy was effective in reducing the level of anxiety and enhancing coping among mothers with high risk pregnancies.

A study was conducted by **Moonire Toosi et al., (2014)** on the reduction of anxiety and improved maternal attachment to foetuses and neonates by Benson's relaxation therapy in primigravida women with a sample size of 84 including 42 experimental and 42 control group at Shushtari and Hafez hospitals, Iran.The experimental group underwent four weekly 90 minutes of relaxation training for one month. The study concluded that significant difference were observed in anxiety ($P=0.017$) and attachment ($P=0.005$). Mean scores after the intervention showed that relaxation training reduces anxiety in pregnant women and improves maternal attachment to foetus.

A study was conducted by **Azima,S et al., (2014)** on effect of Benson's relaxation therapy on anxiety and blood pressure in pregnant women. The sample consisted of 58 patients at Hajez Hospital, Iran. The samples were randomly assigned to control and interventional group. The intervention group received a 3 week intervention for 5 days for duration of 45 minutes. The study concluded that Benson's relaxation therapy has positive effect on reducing maternal anxiety and maintaining normal blood pressure level.

A study was conducted by **Susan, G. K. (2013)** to determine the effect of Benson's relaxation therapy and anxiety relatedmigraine in antenatal women and a sample of 160 women were assigned to experimental and control group randomly. The study concluded that Benson's relaxation therapy serves as a mind body therapy for managing migraine and anxiety in pregnant women.

A study was conducted by **Toosi, M et al., (2012)** on role of relaxation training on the health index of infants in pregnant women with a sample size of 84 women at two health centres of Iran. The samples were selected using simple sampling method and assigned randomly to intervention and control group. The study result showed that there was significant difference in maternal anxiety, infant height, and infant reflex of the mother's foetus who received Benson's relaxation therapy.

A study was conducted by **Johnson, D.O. (2012)** effect of Benson's relaxation therapy on Psycho-physiological state of antenatal women. The result reflected that Benson's relaxation therapy showed greater significant difference in psycho-physiological state including blood pressure, pulse, respiratory rate, muscle tension, stress and anxiety among antenatal women.

A study was conducted by **Reshma,S.Set al., (2012)** on effect of relaxation therapy on mild pregnancy induced hypertension at Government Hospital, Mangalore with a sample size of 30 antenatal women and assigned them randomly to intervention and control group. The relaxation therapy was administered for 30 minutes daily, for 2 weeks followed by post-test. The study concluded that relaxation therapy decreases the anxiety and has positive effect on physical parameters including headache, sleep, epigastric pain, weight and proteinuria in mild pregnancy induced hypertension.

A study was conducted by **Chuang, L.L et al., (2011)** on effect of a relaxation training programme on immediate and prolonged anxiety responses in women with preterm labour. The sample consisting of 129 women were randomly assigned to control and interventional group from hospitalized women in Taiwan. pre-test and post-test was given using State Trait Anxiety Inventory for Adults. The study concluded that Benson's relaxation programme reduced the anxiety responses of women with preterm labour.

A study was conducted by **Edenfield, T.M., and Saeed,A. (2011)** on Benson's Relaxation therapy as a self help treatment for anxiety and depression. The study concluded that the relaxation therapy can be used as complementary and self help treatment to reduce anxiety and depression during antenatal period and also the safest and cheapest way to alleviate all the anxiety related symptoms for pregnant women.

METHODOLOGY

This chapter deals with the description of research approach, design, setting, population, criteria for sample selection, sampling technique, variables of the study, tools used for data collection, pilot study, procedure for data collection and technique for data analysis.

3.1 Research Approach

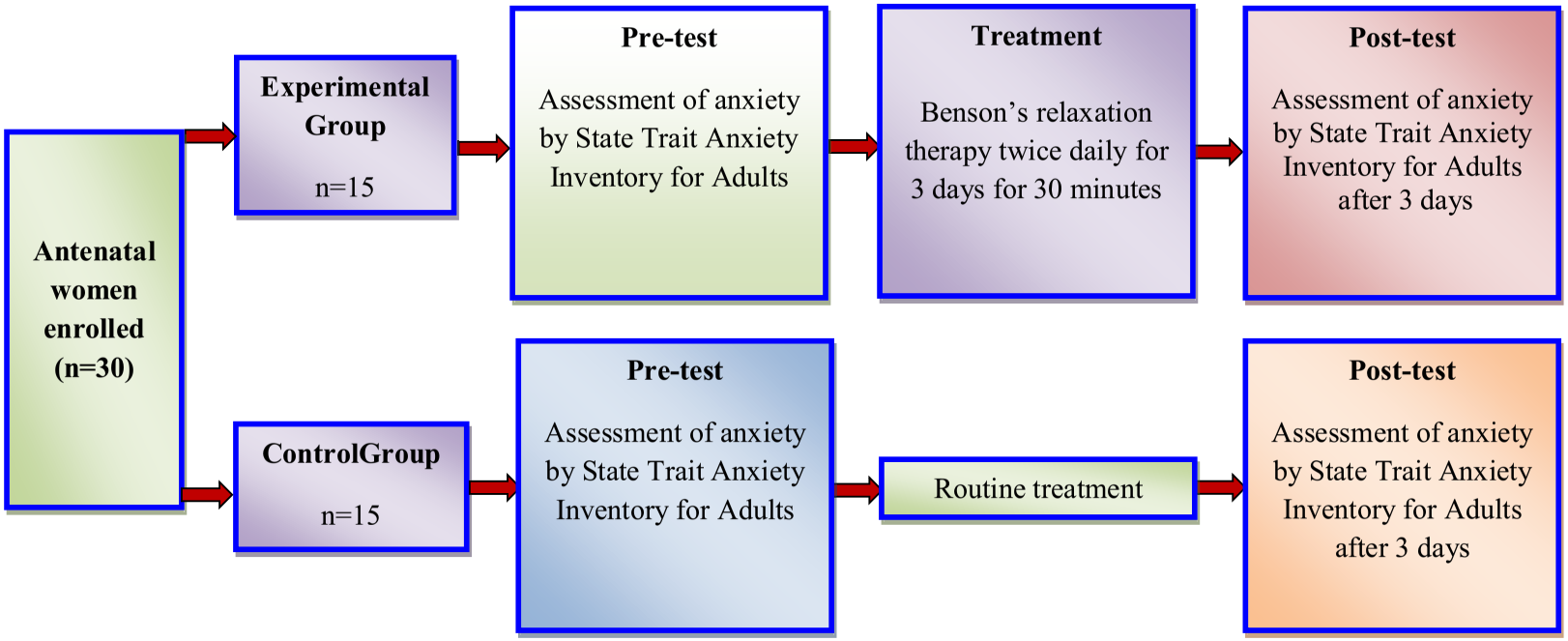
The present study aimed to assess the effect of Benson's relaxation therapy on anxiety among antenatal women. In view of the nature of the problem and to accomplish the objectives, quantitative research approach was adopted for this study.

3.2 Research Design

The research design used for the present study was quasi experimental, non equivalent groups design. This design is structured like a pre- test post- test experimental design, but it lacks the key feature of the true experimental designs i.e. random assignment. Antenatal women were recruited for the study by consecutive sampling technique and were allotted to experimental and control group. Equal numbers of participants were distributed to both experimental and control groups. Intervention was given only for the experimental group and control group received the routine treatment. This design was found to be appropriate to evaluate the effect of Benson's relaxation Therapy on anxiety among antenatal women admitted in Sri Ramakrishna Hospital, Coimbatore.

Figure 3.1

Diagrammatic Representation of Research Design



3.3 Setting

The study was conducted in the wards of Obstetrics and Gynaecology department, Sri Ramakrishna Hospital, Coimbatore. Antenatal care is rendered by the health professionals around the clock.

3.4 Population

The target population for the present study were antenatal women. The accessible population were antenatal women admitted in the wards of Obstetrics and Gynaecology department, Sri Ramakrishna Hospital, Coimbatore for antenatal care and treatment. Around 100 antenatal women get admitted for antenatal care and treatment in a month.

3.5 Sampling technique and Sample size

By using consecutive sampling technique, 30 antenatal women were recruited for the present study, 15 antenatal women were allotted to experimental group and 15 antenatal women were allotted to the control group. Every antenatal woman meeting the inclusion criteria and admitted in the Sri Ramakrishna hospital during the data collection period were included in the study.

3.6 Criteria for Sample Selection

3.6.1 Inclusion criteria

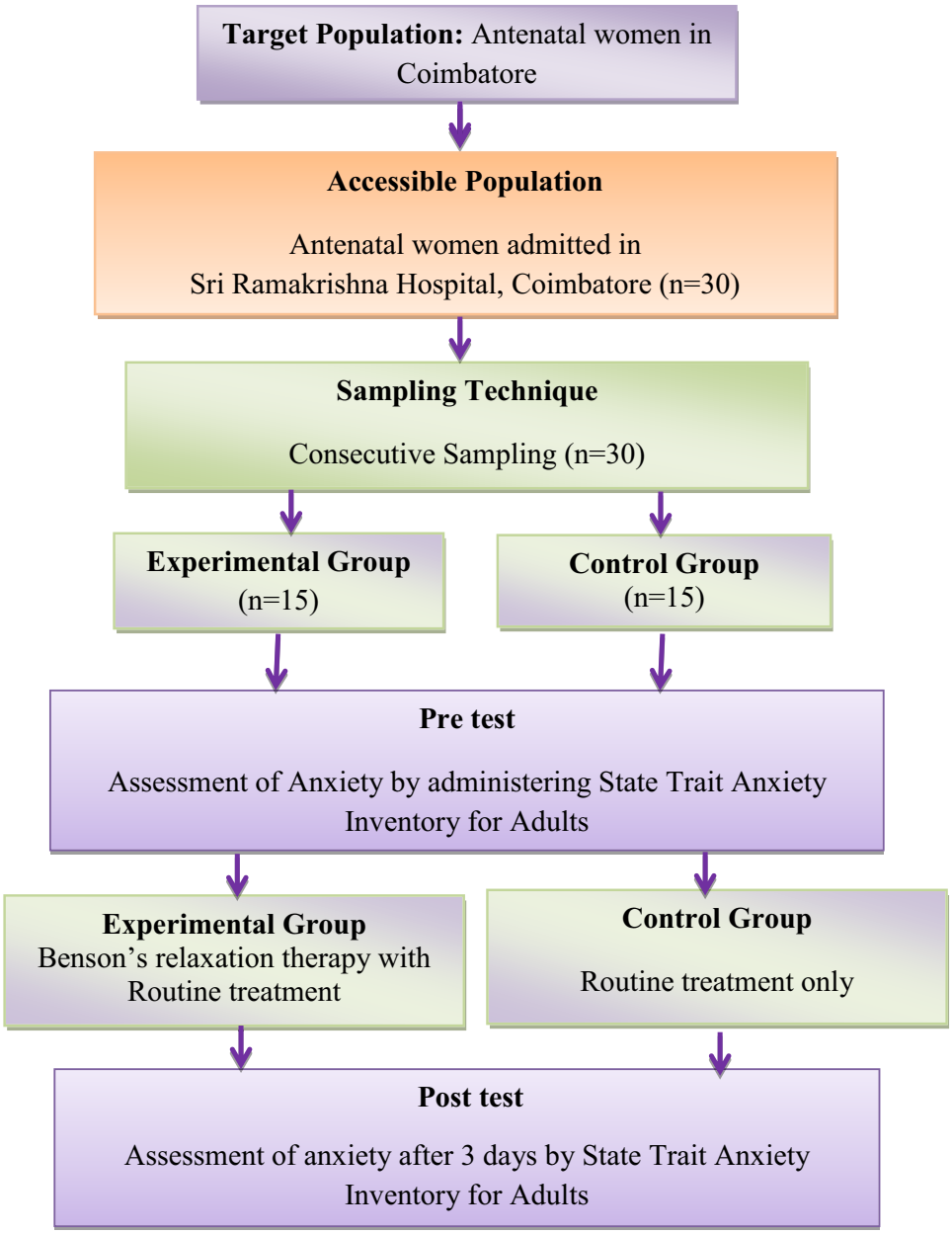
- Antenatal women in the third trimester admitted for antenatal care and treatment.
- Antenatal women who were inpatients for a minimum of 3 days.

3.6.2 Exclusion criteria

- Antenatal women who could not understand Tamil.

Figure 3.2

Diagrammatic Representation of Research Process

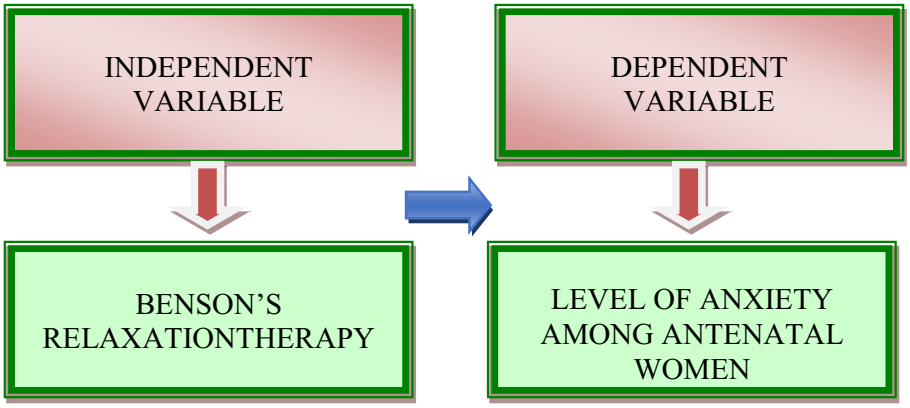


3.7. Variables of the Study

The independent variable of the study was Benson's relaxation therapy. Dependent variable was the level of anxiety among antenatal women.

Figure 3.3

Schematic Representation of Variables



3.8 Tools for Data Collection

After extensive review of literature, the State Trait Anxiety for Adults (Speilberger 1983) a standardised tool was identified to be precise enough to measure the outcome variables of the study.

The following tools were used for data collection

3.8.1 Demographic characteristics and clinical profile

3.8.2 State Trait Anxiety for Adults (Speilberger 1983)

3.8.1 Questionnaire on demographic characteristics and clinical profile

Demographic characteristics:

Demographic characteristics consists of personal information about the patient such as age, education, occupation, education of spouse, occupation of spouse, duration of marriage, religion, area of residence, type of family and monthly income.

Clinical profile:

Clinical profile consists of obstetrical score, weeks of gestation, mode of conception, weight, weight gain, blood pressure, past obstetrical score, high risk status (Coopland high risk evaluation form), and other complaints.

3.8.2 The State-Trait Anxiety Inventory for Adults (STAI)

State Trait Anxiety Inventory form Y

The State Trait Anxiety Inventory form Y (STAI-Y) is a self administered instrument developed by Spielberger (1983) to measure the subjective feelings related to anxiety, including state and trait anxiety. State anxiety is defined as **"**A transitory emotional state or condition", and trait anxiety is defined as "relatively stable individual differences in anxiety proneness" (Spielberger, 1983, p.I).

Description of the tool:

There are 2 subscales within this measure. The State Anxiety Scale (S-Anxiety) scale and the Trait Anxiety Scale. The State Anxiety Scale evaluates the current state of anxiety, asking how respondents feel "right now," using items that measure subjective feelings of apprehension, tension, nervousness, worry, and activation/ arousal of the autonomic nervous system. The Trait Anxiety Scale (T-Anxiety) evaluates relatively stable aspects of "anxiety proneness," including general states of calmness, confidence and security.

The STAI – Y includes 40 items on a 4- Point Likert Scale. (Responses for the S-Anxiety scale assess the intensity of current feelings "at this moment": 1) not at all, 2) somewhat, 3) moderately so, and 4) very much so. Responses for the

T-Anxiety scale assess the frequency of feelings "in general": 1) almost never, 2) some- times, 3) often, and 4) almost always and consists of 20 items to assess the state anxiety (Y-1) and 20 items to assess trait anxiety (Y-2).The possible range of scores for the STAI-Y is 40 to 160; higher scores indicate higher anxiety. The two separate scales have satisfactory reliability and validity (Speilberger, 1983). The tool was found to have a reliability coefficient of 0.86.

Administration:

A number of statements which people use to describe themselves are given. The antenatal woman is asked to read each statement and put a tick mark on the appropriate column. This is a self-report questionnaire that can be administered in an individual format. Specific instructions are provided for each of the S-Anxiety and T-Anxiety subscales. The study participants are instructed not to spend too much time on any one statement but to give the answer which seems to describe their present feeling best. Each person takes 10 minutes to complete.

Scoring:

The STAI is a self-administered tool. The questionnaire consists of both negative and positive scoring. The S-Anxiety scale assess intensity of current feelings (not at all=1,somewhat=2, moderately so=3, and very much so=4).The T-Anxiety scale assess frequency of feelings: (almost never=1, some- times=2, often=3, and almost always=4) and consists of 20 items to assess the state anxiety (Y-1) and 20 items to assess trait anxiety (Y-2).The possible range of scores for the STAI-Y is 40 to 160. Item scores are added to obtain subtest total scores. Scoring should be reversed for anxiety-absent items (19 items of the total 40).

Score interpretation:

S.No	Level of anxiety	Scores
1	Mild anxiety	40 -80
2	Moderate anxiety	81- 120
3	Severe anxiety	121 -160

3.9 Benson's Relaxation Therapy

Benson's relaxation therapy is a relaxation technique introduced by Dr. Herbert Benson. It is a form of meditation which is mainly focused on breathing. The therapy is administered for 30 minutes twice daily for 3 days.

3.9.1 Pre requisites:

1. Explain the needs and usefulness of the therapy to the patient.
2. Explain the procedure.
3. Maintain good interpersonal relationship.
4. Provide calm and quiet environment with adequate ventilation.
5. Advice the client to sit in a comfortable position (sitting position) with hands naturally resting in lap.

3.9.2 Procedure:

Step1

Gently close the eyes, relax the muscles and quieten the mind by taking few deep breaths.

Step2

Breathe in and out slowly and naturally by concentrating on expansion and contraction of chest.

Step3

Breathe in naturally and slowly, when breathing out say some prayer words silently to yourself.

Step 4

Breathe in deeply and breathe out slowly.

Step 5

When breathing in say the word “calm” and while breathing out say the word “freedom” to yourself.

When breathing in smile and while breathing out release smile.

Step 6

Breathe in slowly and naturally, when breathing out say the word “peace” to yourself silently.

Step 7

Breathe in slowly and naturally, when breathing out think about the wonderful moments happening in life. Continue the above steps for 10-20 min.

Step 8

Say the word “Oh well”silently to yourself.

Slowly open your eyes and relax for few minutes.

3.10 Ethical Consideration

Study proposal and tool was presented before the ethical committee of Sri Ramakrishna Hospital and clearance was obtained to conduct the study in Sri Ramakrishna Hospital, Coimbatore. Informed consent was obtained from the antenatal women.

3.11 Pilot Study

Pilot study was conducted to check the feasibility, practicability of the study. Pilot study was conducted at Sri Ramakrishna hospital, Coimbatore. The research design used for the present study was quasi experimental non equivalent groups design. The sampling technique adopted to recruit the sample was consecutive sampling and 10 antenatal women who fulfilled the inclusion criteria were recruited. The State Trait Anxiety Inventory was administered to assess the anxiety. Benson's relaxation therapy was administered for 30 minutes, twice daily for 3 days for each person. On the third day, anxiety was reassessed with the same scale. The data was tabulated and analyzed using descriptive and inferential statistical methods and results showed that the mean score ofantenatal women with anxiety after Benson's relaxation therapy was 67.80 in the experimental group and 101.6 in the control group, with a standard deviation of 6.348 and 12.071 respectively. The calculated 't' value (5.437) was more than the table value. This revealed that the level of anxiety was reduced in the experimental group after administration of Benson's relaxation therapy. Hence, the study was found to be feasible and practical.

3 .12 Procedure for Data Collection

The main study was initiated after the pilot study. The study was conducted at Sri Ramakrishna hospital, Coimbatore. By using consecutive sampling technique, 30 antenatal women were recruited for the study, 15 antenatal women were allotted to the experimental group and 15 antenatal women were allotted to the control group. The researcher developed rapport with the antenatal women admitted in Sri Ramakrishna hospital and explained about the benefits of the intervention.

Pre-test was done to assess the Anxiety level by using State Trait Anxiety Inventory for Adults in both the experimental and control group. A voice recording of Benson's relaxation therapy was administered to antenatal women in the experimental group using head phones for 30 minutes twice daily for a period of 3 days. Control group received only the routine treatment. Post-test was conducted using the same questionnaire on the third day to evaluate the level of anxiety among antenatal women in both experimental and control group. The data was tabulated and analyzed using descriptive and inferential statistical methods.

3.13 Techniques of Data Analysis and Interpretation

Descriptive and inferential statistical methods were used for data analysis. Descriptive statistics was applied for the analysis of demographic characteristics. Data was described using frequency distribution tables. Mean was used to measure the central tendency and standard deviation was used to identify the dispersion of the data.

Inferential statistical methods were used to identify the effect of Benson's relaxation therapy.

3.13.1 Student'‘t' test

Student'‘t' test was used to analyze the effect of Benson's relaxation therapy on anxiety between experimental and control group.

$$t = \frac{\overline{X_1} - \overline{X_2}}{SE}$$

Where,

$$SE = SD\sqrt{\frac{1}{n_1} + \frac{1}{n_2}}$$

SD = $\sqrt{\frac{\sum\left(x_1-\overline{x_1}\right)^2+\sum\left(x_2-\overline{x_2}\right)^2}{n_1+n_2-2}}$

$\overline{X}_1$ = Mean anxiety scores of the experimental group

$\overline{X}_2$ = Mean anxiety scores of the control group

SE=Standard Error

SD = Combined standard deviation

n_1 = Number of samples in experimental group

n_2 = Number of samples in control group

3.13.2 Paired 't' test

Paired't' test was used to analyze the difference between pre and post test level of Anxiety in both groups.

t = $\frac{\overline{d}}{SE}$

where,

SE = $\frac{SD}{\sqrt{n}}$

SD = $\sqrt{\frac{\sum D^2-\frac{\left(\sum D\right)^2}{n}}{n-1}}$

$\overline{d}$ = Mean of difference between test score

SE = Standard Error

SD = Standard deviation of the test score

n = Number of samples

3.13.3 Chi-Square test (with Yates correction)

Chi-Square (with Yates correction) test was used to check the association between the pre-test level of Anxiety and selected demographic variables.

$$\chi^2 = \sum \frac{((O-E)-0.5)^2}{E}$$

O = Observed value

E = Expected value in corresponding category

0.5 = Yates correction value

DATA ANALYSIS AND INTERPRETATION

Chapter IV deals with the analysis and results of data collected from 30 antenatal women. The aim of the study was to determine the effect of Benson's relaxation therapy on anxiety among antenatal women. By using consecutive sampling technique, 30 antenatal women were recruited for the present study, 15 antenatal women were allotted to experimental group and 15 antenatal women were allotted to the control group.The intervention selected for the study was Benson's relaxation Therapy. The level of anxiety among antenatal women was assessed before and after the intervention.

Descriptive and inferential statistics were employed to analyze the data. Frequency and percentage were used to present the demographic characteristics. The level of anxiety was analyzed through mean, standard deviation and mean difference. Paired't' test was used to analyze the difference between pre and post test anxiety level in both groups respectively. Student't' test was used to analyze the effect ofBenson's relaxation therapy on anxiety among experimental and control group. Chi square test was used to analyze the association between pre-test anxiety level and selected demographic variables.

ORGANIZATION OF THE FINDINGS

The data obtained from the antenatal women were organized, analyzed and presented under the following sections.

Section I

Demographic characteristics of antenatal women

Section II

Clinical profile of antenatal women.

Section III

Assessment of the level of anxiety among antenatal women.

Section IV

Effect of Benson's relaxation therapy on anxiety among antenatal women

Section V

Association of the pre-test level of anxiety with the selected demographic characteristics and clinical profile among antenatal women

Section I

Demographic characteristics of Antenatal Women

Demographic characteristics such as age, education, occupation, education of spouse, occupation of spouse, duration of marriage, religion, area of residence, type of family and monthly income were analyzed using descriptive statistics.

Collected data were summarized in terms of frequency and percentage and presented in the form of tables and diagrams.

Table 4.1

Age of Antenatal Women

(n=30)

S. No.	Age (years)	Experimental Group (n =15)		Control Group (n =15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	21-30	10	66.6	14	93.3
2	31-40	4	26.6	1	6.6
3	41 & above	1	6.6	0	0

The above table 4.1 depicts that the majority of women were in the age group of 21-30 in both experimental 10(66.6%) and control 14(93.3%) group. In experimental 4(26.6%) and control 1(6.6%) antenatal women were in the age group of 31-40 years. In experimental group 1(6.6%) antenatal women were above 41 years (Figure.4.1).

Figure 4.1

Age of Antenatal Women

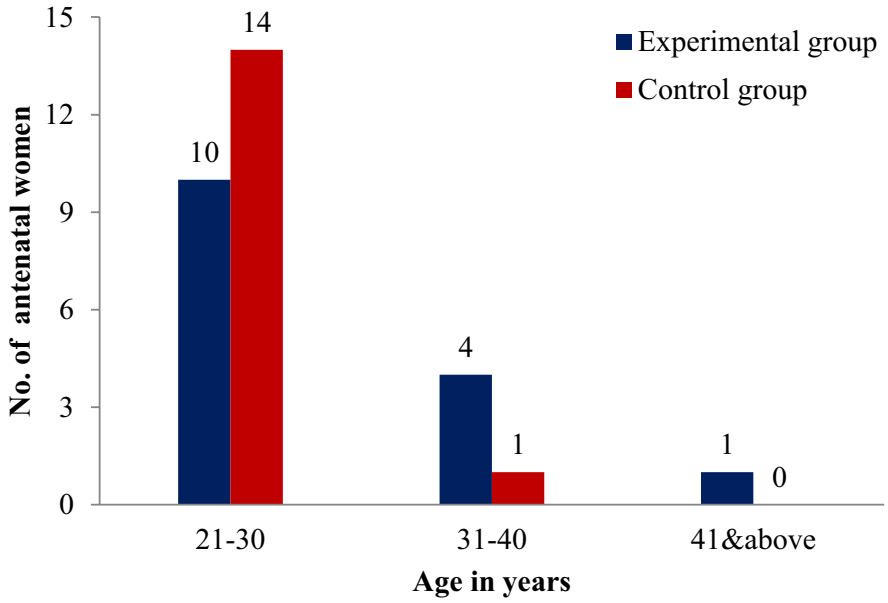


Table 4.2

Education of Antenatal Women

(n=30)

S.No.	Education	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	High school	4	26.6	3	20
2	Degree	10	66.6	10	66.6
3	Postgraduate	1	6.6	2	13.3

The above table4.2 represents the distribution of antenatal women by education. The education of women ranges from high school to post graduate,majority10(66.6%) of women were degree holders in both experimental and in control group. In experimental group 1(6.6%) and control group 2(13.3%) antenatal women were postgraduates. In experimental group 4(26.6%) and control group 3(20%) women had high school education. (Figure 4.2).

Figure 4.2

Education of Antenatal Women

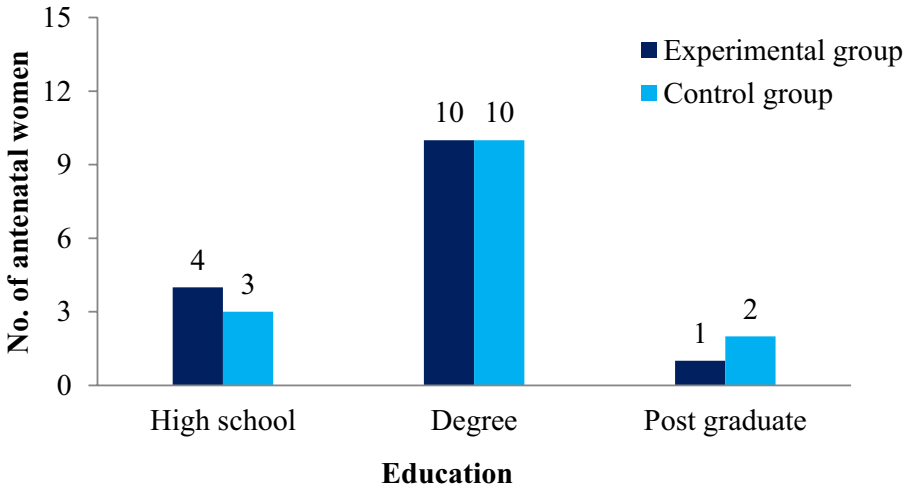


Table 4.3

Occupation of Antenatal Women

(n=30)

S.No.	Occupation	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	Self employed	4	26.6	1	6.6
2	Private employee	1	6.6	2	13.3
3	Unemployed	10	66.6	12	80

The above table 4.3 depicts that majority of the antenatal women in experimental group 10(66.6 %) and in control group 12(80%) were unemployed. In experimental 4(26.6%) and in control group 1(6.6%) antenatal woman were self employed. In experimental 1(6.6%) and in control 2(13.3%) antenatal women were private employees.(Figure 4.3).

Figure 4.3

Occupation of antenatal women

Table 4.4

Education of Spouse of Antenatal Women

(n=30)

S. No.	Education of spouse	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	High school	4	26.6	3	20
2	Degree	11	73.3	9	60
3	Post graduation	0	0	3	20

The above table4.4 represents the distribution of antenatal women by education of spouse. The education of spouse ranges from high school to post graduate. Majority of spouse were degree holders in both experimental 11(73.3%) and in control group 9(60%). (Figure 4.4).

Figure 4.4

Educationof Spouse of Antenatal Women

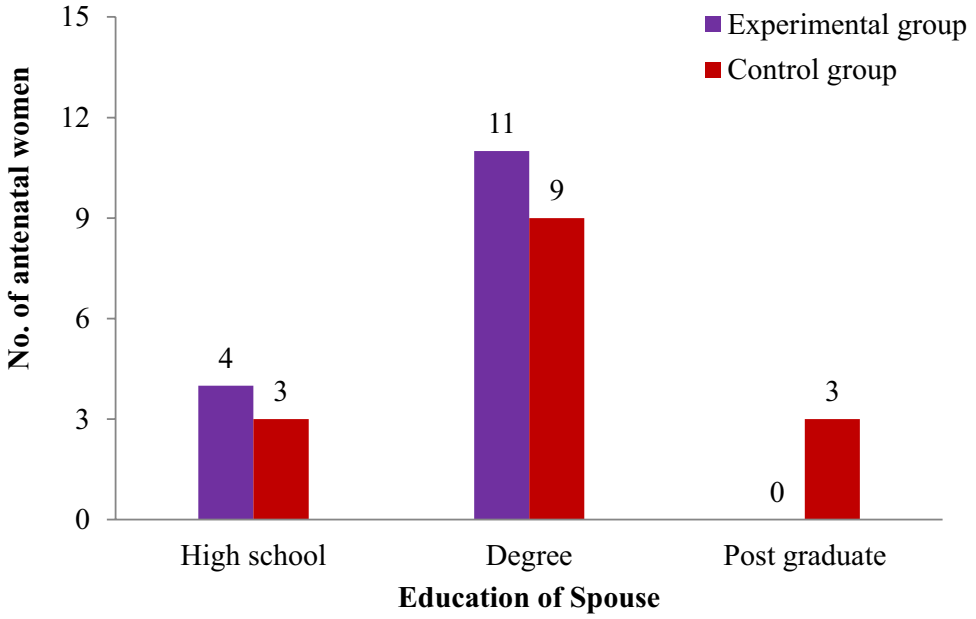


Table 4.5

Occupation of Spouse of Antenatal Women

(n=30)

S.No.	Occupation of spouse	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	Self employed	8	53.3	11	73.3
2	Private employee	5	33.3	3	20
3	Government Employee	2	13.3	1	6.6

The above table4.5 depicts that majority of the spouse of antenatal women were self employed in both experimental group 8(53.3 %) and in control group 11(73.3%). (Figure 4.5).

Figure4.5

Occupation of Spouse of Antenatal Women

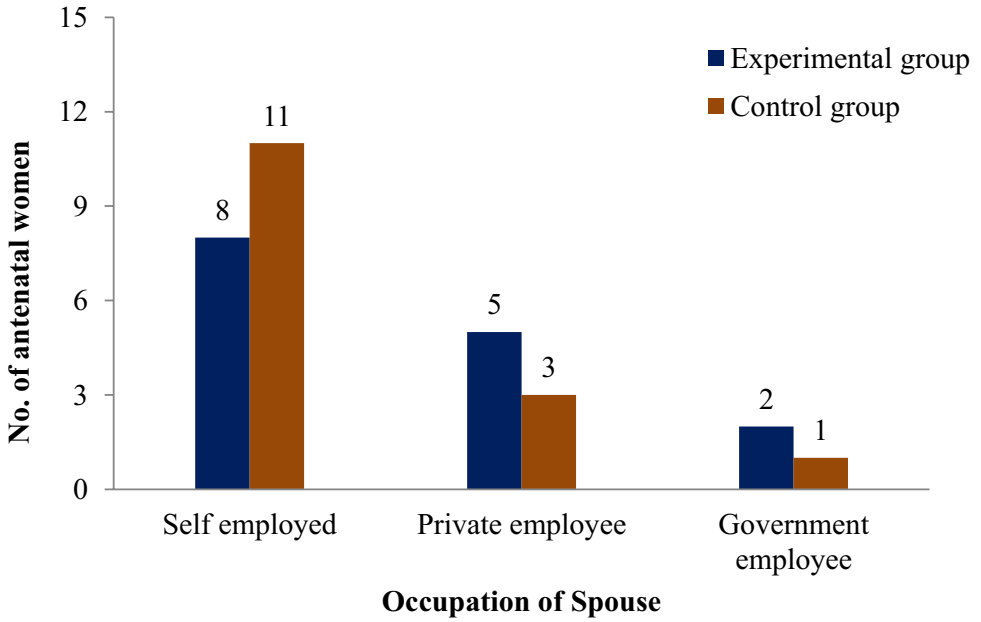


Table 4.6

Duration of Marriage of Antenatal Women

(n=30)

S.No.	Duration of marriage (years)	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	1-5	6	40	11	73.3
2	6-10	6	40	4	26.6
3	11-15	1	6.6	0	0
4	16-20	2	13.3	0	0

The above table4.6represents the distribution of antenatal women by duration of marriage. In experimental group for majorityof antenatal women 6 (40%) the duration of marriage was between 1-5years and 6-10years. In the control group for majority of antenatal women 11 (73.3%) the duration of marriage was between 1-5years. (Figure 4.6).

Figure4.6

Duration of Marriage of Antenatal Women

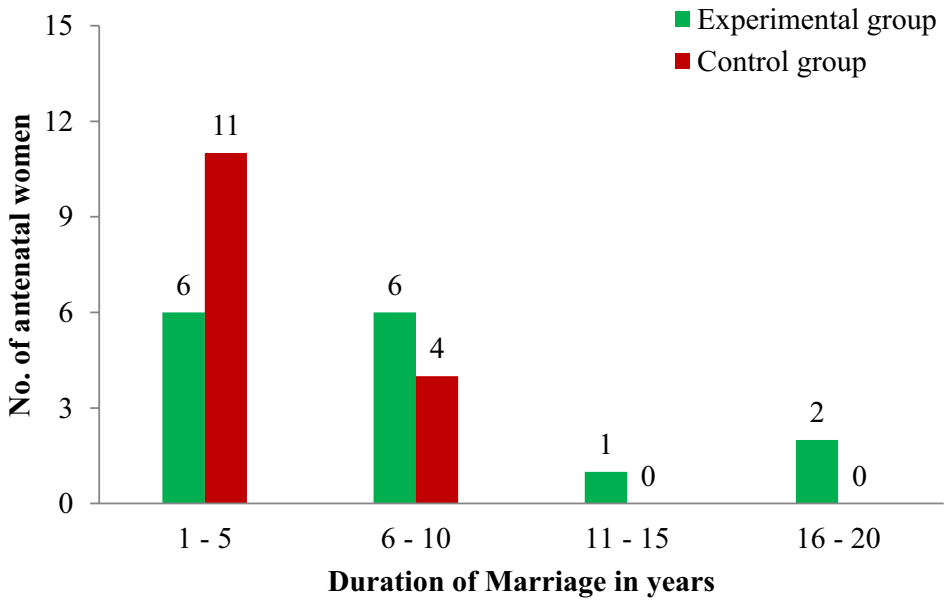


Table 4.7

Religion of Antenatal Women

(n=30)

S. No	Religion	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	Hindu	13	86.6	14	93.3
2	Christian	0	0	1	6.6
3	Muslim	2	13.3	0	0

The above table4.7 depicts that majority of antenatal women belong to Hindu religion in both experimental group 13(86.6 %) and in control group 14(93.3%).(Figure 4.7).

Figure4.7

Religion of Antenatal Women

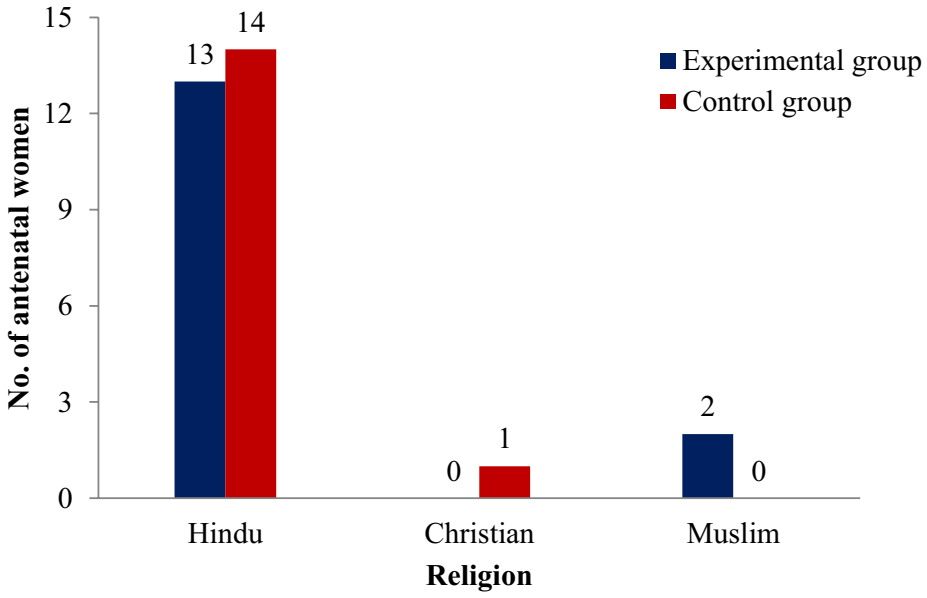


Table 4.8

Area of Residence of Antenatal Women

(n=30)

S.No.	Area of residence	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	Rural	5	33.3	10	66.6
2	Urban	10	66.6	5	33.3

The above table4.8 represents the distribution of antenatal women by area of residence. In experimental group majority of antenatal women 10 (66.6%) were from urban areas and in control group majority of antenatal women 10(66.6%) were from rural areas (Figure 4.8).

Figure 4.8

Area of Residence of Antenatal Women

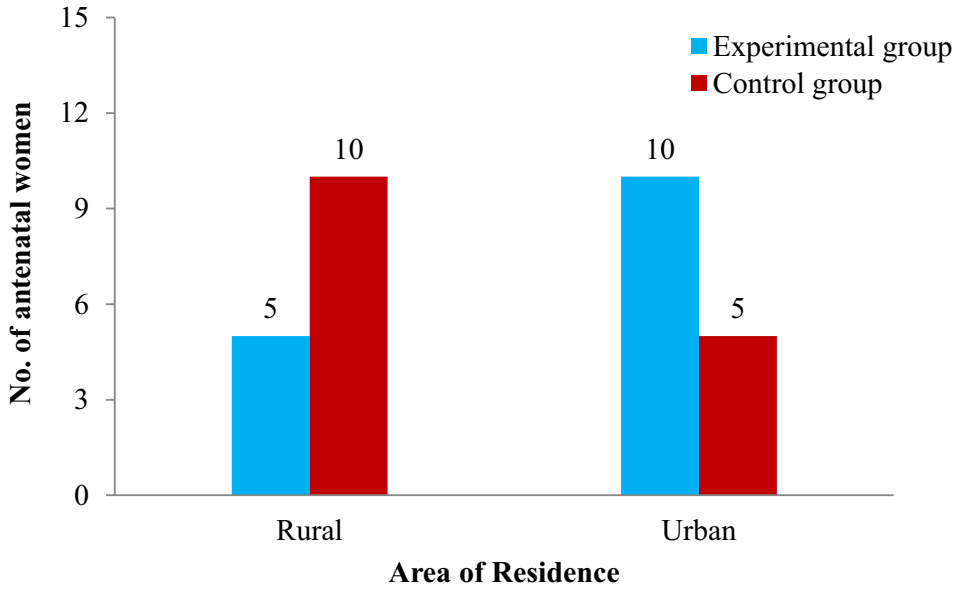


Table 4.9

Type of Family of Antenatal Women

(n=30)

S. No.	Type of family	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	Nuclear family	8	53.3	12	80
2	Joint family	7	46.6	3	20

The above table4.9 explains the data on type of family of antenatal women, which reveals that majority of antenatal women in experimental group 8 (53.3%) and control group 12(80%) belonged to nuclear family. In experimental group 7(46.6%) and control group 3(20%) antenatal women belonged to joint family. (Figure 4.9).

Figure 4.9

Type of Family of Antenatal Women

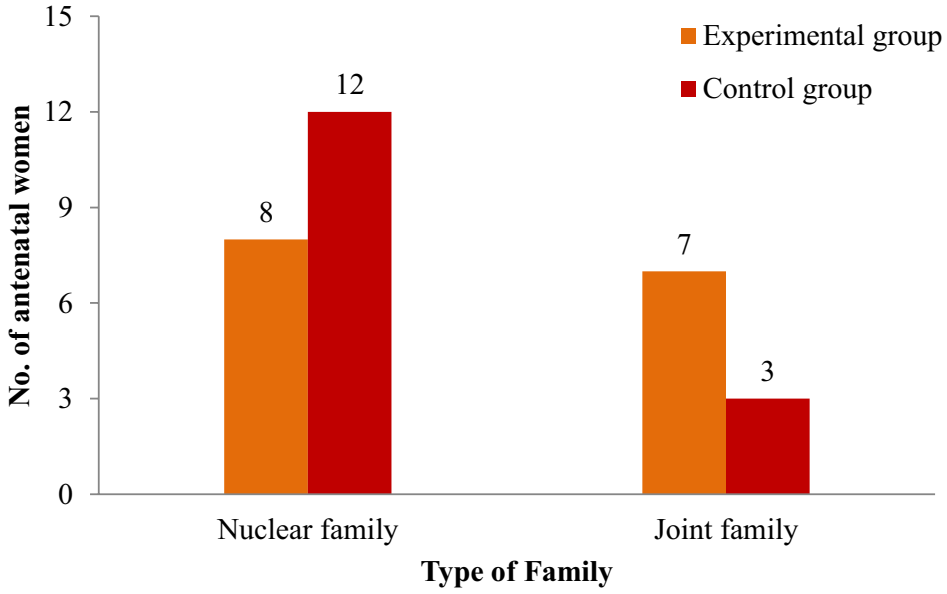


Table 4.10

Monthly Income of Antenatal Women

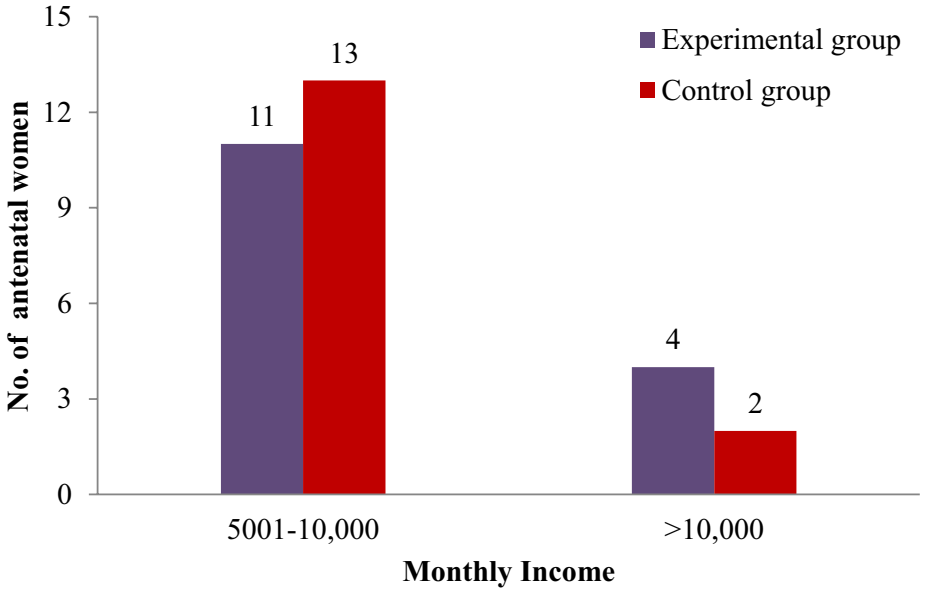
(n=30)

S.No.	Monthly income	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	5001-10,000	11	73.3	13	86.6
2	>10,000	4	26.6	2	13.3

The above table4.10 represents the distribution ofantenatal women by monthly income. Majority of the women in the experimental group 11(73.3%) and control group 13(86.6%) had monthly income of 5001-10,000 rupees. In the experimental group 4(26.6%) women and 2(13.3 %) women in control group had monthly income more than 10,000 rupees.(Figure 4.10).

Table 4.10

Monthly Income of Antenatal Women



Section I I – Clinical Profile of Antenatal women

Clinical profile of antenatal women includes obstetrical score, weeks of gestation, mode of conception, weight, weight gain, blood pressure, birth spacing, mode of previous conception and mode of previous delivery. Present history includes first trimester,second trimester and third trimester symptoms.

Collected data were summarized in terms of frequency,percentage and presented in the form of tables and diagrams.

Table 4.11

Gravida of Antenatal Women

(n=30)

S.No.	Gravida	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	Primigravida	9	60	9	60
2	Multigravida	6	40	6	40

The above table4.11 represents the distribution ofantenatal women by gravida. In experimental and control group majorityof antenatal women 9 (60%) were primigravida. About 6 (40%) in both experimental group and in control group were multigravida (Fig. 4.11).

Figure 4.11

Gravida of Antenatal Women

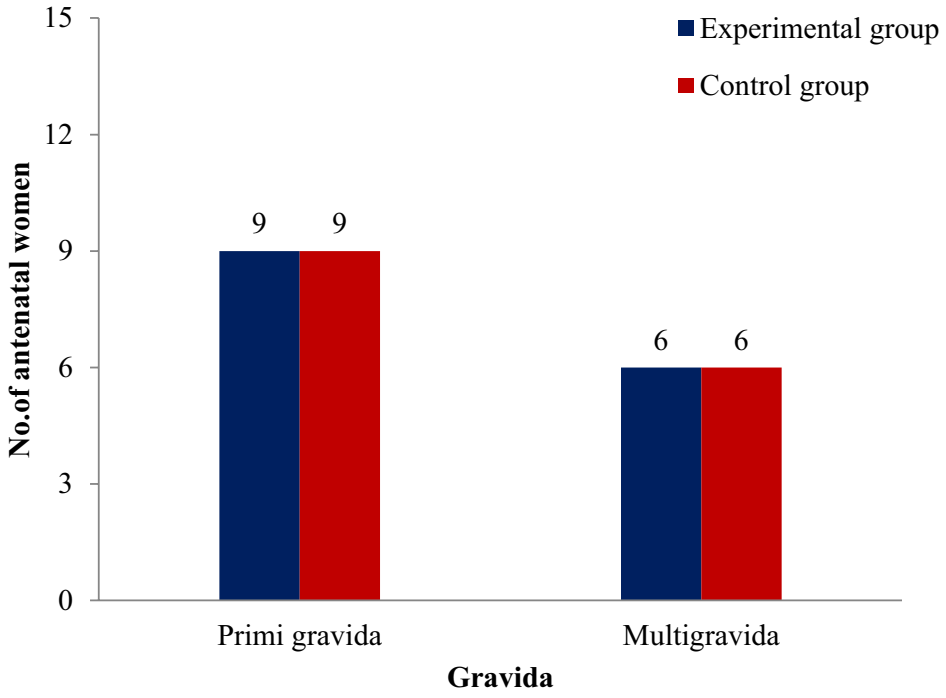


Table 4.12

Weeks of Gestation of Antenatal Women

(n=30)

S. No.	Weeks of gestation	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	25-30	2	13.3	0	0
2	31-35	4	26.6	6	40
3	36-40	9	60	9	60

The above table 4.12 represents the distribution of antenatal women by weeks of gestation. Majority of antenatal women 9 (60%) in both experimental and control group had a gestational age of 36-40 weeks. In experimental group 2(13.3%) antenatal women had 25-30 weeks of gestation. In experimental group 4(26.6%) and in control group 6(40%) antenatal women had 31-35 weeks of gestation.(Figure 4.12).

Figure4.12

Weeks of Gestation of Antenatal Women

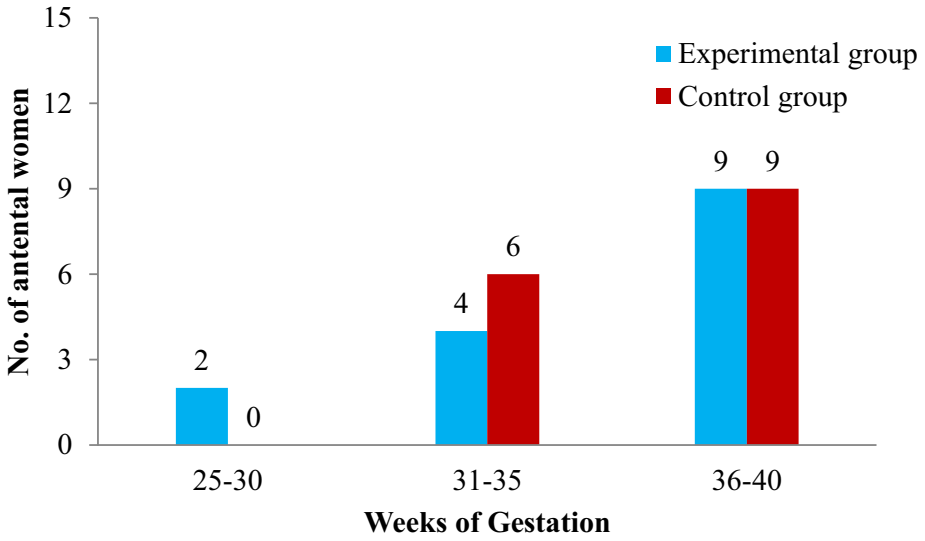


Table 4.13

Mode of Conception of Antenatal Women

(n=30)

S.No	Mode of conception	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	spontaneous	13	86.6	15	100
2	In vitro fertilization	2	13.3	0	0

The above table 4.13 represents the distribution of antenatal women by mode of conception. Majority of women in both experimental group 13(86.6%)and control group 15(100%) had spontaneous conception. In experimental group 2(13.3%) antenatal women conceived through in vitro fertilization. (Figure 4.13).

Figure4.13

Mode of Conception of Antenatal Women

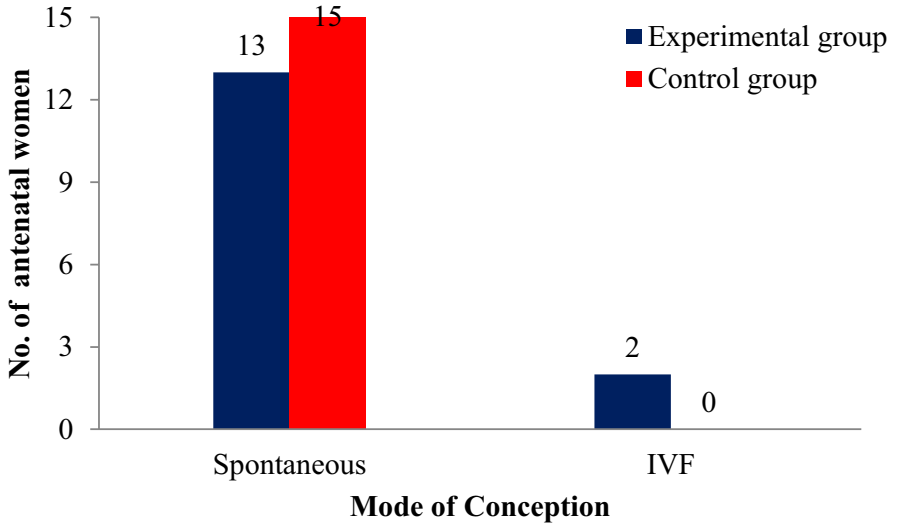


Table 4.14

Weight of Antenatal Women

(n=30)

S.No.	Weight in Kg	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	50-55	3	20	3	20
2	56-60	3	20	4	26.6
3	61-65	4	26.6	8	53.3
4	66-70	5	33.3	0	0

The above table 4.14 represents the distribution of antenatal women by weight. In experimental group the weight of majority of women 5 (33.3%) was 66-70 kg and in control group majority of the women 8 (53.3%) had weight of 61-65kg. (Figure 4.14).

Figure 4.14

Antenatal Women by Weight

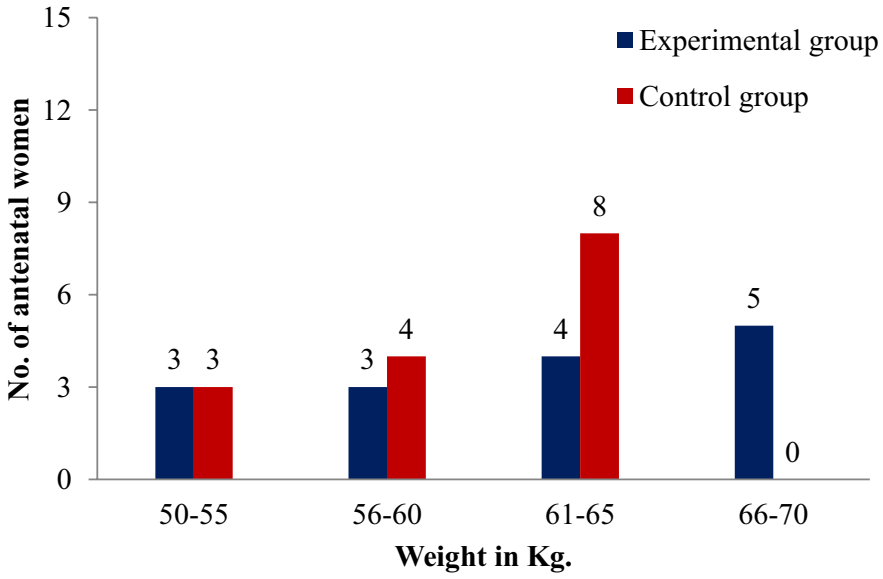


Table 4.15

Blood pressure of Antenatal Women

(n=30)

S.No.	Blood pressure (mmHg)	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	120/90	11	73.3	7	46.6
2	130/90	2	13.3	3	20
3	140/90	2	13.3	2	13.3
4	150/90	0	0	3	20

The above table 4.15 represents the distribution of antenatal women by blood pressure. Majority of antenatal women in both experimental group 11(73.3%) and in control group 7(46.6%) had blood pressure of 120/80mmHg. In experimental group 2(13.3%) and in control group 3(20%) women had blood pressure of 130/90mmHg. In both the groups 2(13.3%) women had blood pressure of 140/90mmHg. In control group 3(20%) women had blood pressure of 150/90mmHg (Fig. 4.15).

Figure 4.15

Blood pressure of Antenatal Women

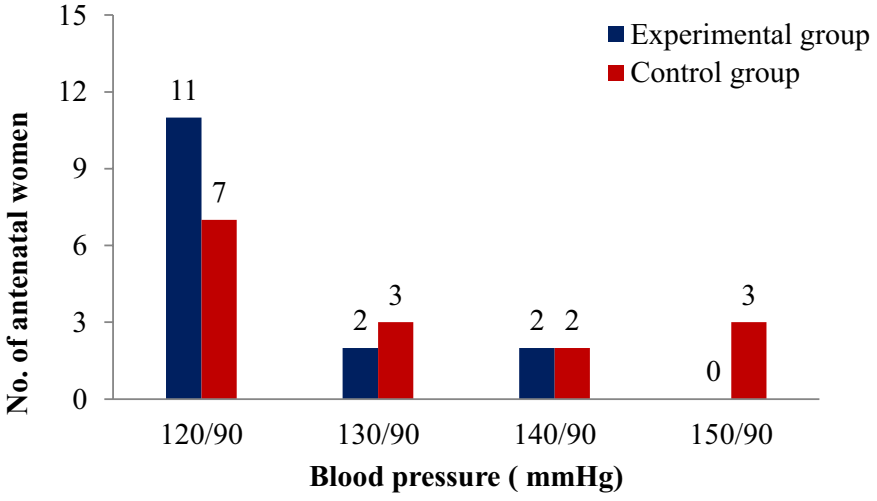


Table 4.16

Birth Spacing of Antenatal Women

(n=30)

S.No.	Birth spacing (years)	Experimental Group (n=15)		Control Group (n=15)	
		Number of sample	Percentage (%)	Number of sample	Percentage (%)
1	1-5	2	13.3	6	40
2	6-10	2	13.3	0	0
3	No birth spacing (primi)	11	73	9	60

The above table 4.16 represents the distribution of antenatal women by birth spacing. In experimental group 2(13.3%) antenatal women had birth spacing between 1-5years and 6-10years respectively and in control group 6(40%) antenatal women had birth spacing within 1-5 years. Majority of antenatal women in both experimental group 11(73%) and control group 9(60%) were primigravida mothers. (Figure 4.16).

Figure 4.16

Birth spacing of Antenatal Women

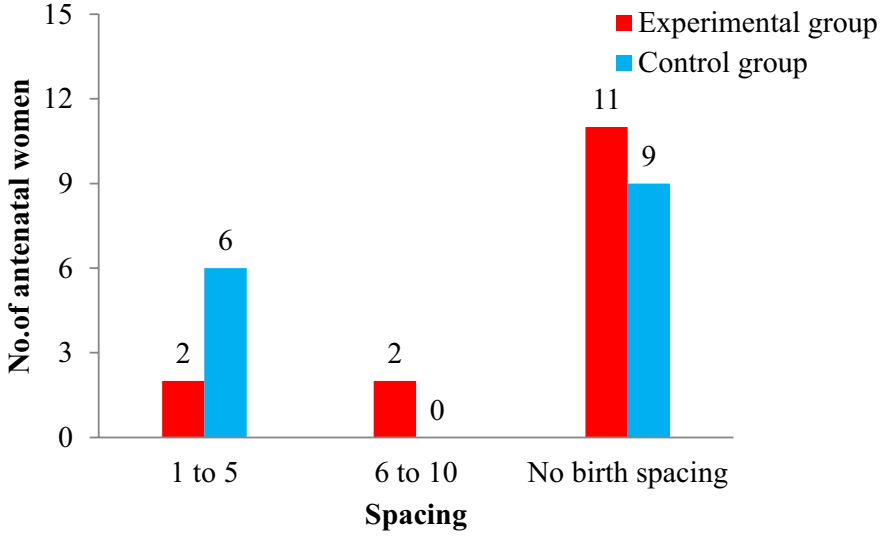


Table 4.17

Mode of Previous Conception of Antenatal Women

(n=30)

S. No.	Modeof previous conception	Experimental Group (n=15)		Control Group (n=15)	
		Number of sample	Percentage (%)	Number of sample	Percentage (%)
1	Spontaneous	3	20	6	40
2	IVF	1	6.6	0	0
3	No previous conception(primi)	11	73.3	9	60

The abovetable4.17 represents the distribution of antenatal women by mode of previous conception. In experimental group 3(20%) and in control group 6(40%) previously had spontaneous conception. In experimental group 1(6.6%) had conceived through in-vitro fertilization. Majority of antenatal women in both experimental group 11 (73.3%) and control group 9 (60%) had no previous conception (primigravida mothers). (Figure 4.17).

Figure 4.17

Mode of Previous Conception of Antenatal Women

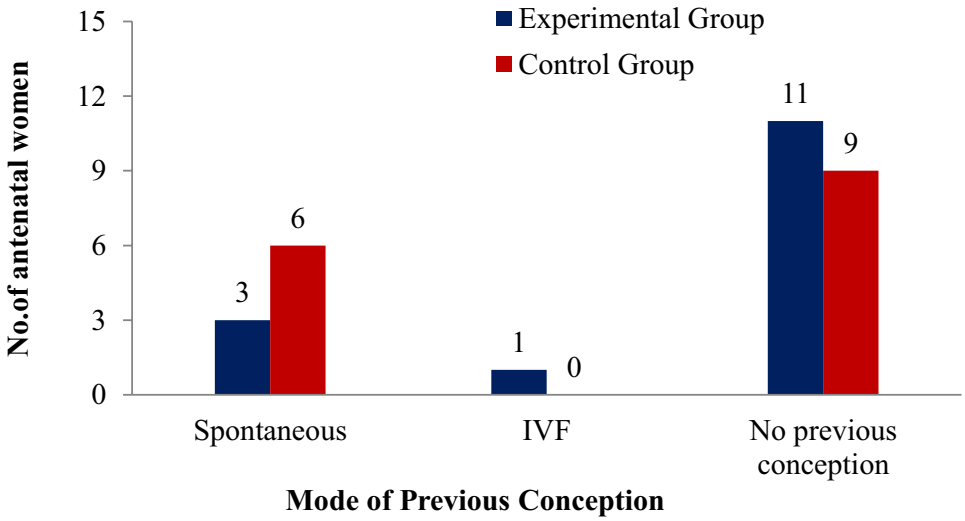


Table 4.18

Mode of Previous Delivery of Antenatal women

(n=30)

S.No.	Modeof previous delivery	Experimental Group (n=15)		Control Group (n=15)	
		Number of sample	Percentage (%)	Number of sample	Percentage (%)
1	Normal vaginal delivery	3	20	1	6.6
2	Lower segment caesarean section	1	6.6	5	33.3
3	No previous delivery (primi)	12	80	10	66.6

The above table 4.18 represents the distribution of antenatal women by mode of previous delivery. In experimental group 3(20%) women and control group 1(6.6%) woman had previous normal vaginal delivery. In experimental group 1(6.6%) woman and in control group 5(3.3%) women had previous lower segment caesarean section. Majority of antenatal women in both experimental group 12(80%) and control group 10(66.6%) had no previous delivery (primigavida mothers.)(Figure 4.18).

Figure 4.18

Mode of Previous Delivery of Antenatal Women

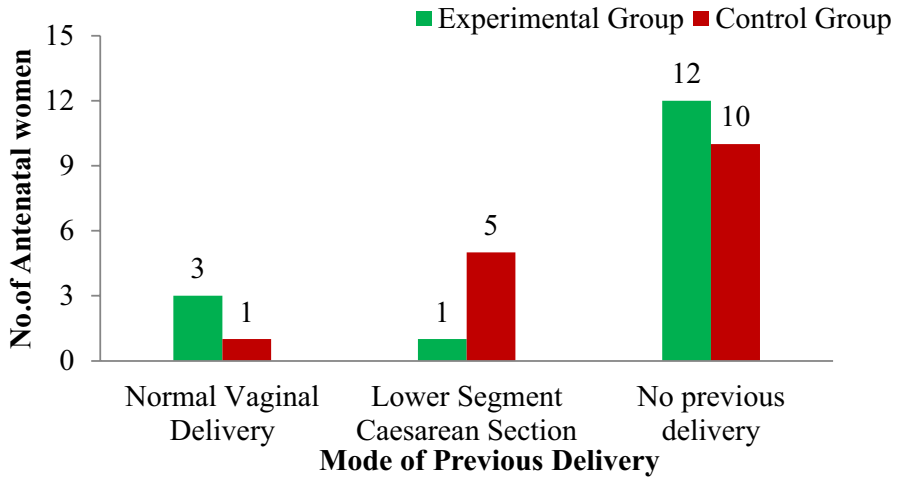


Table 4.19

First Trimester Symptoms of Antenatal women

(n=30)

S. No.	First trimester	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	Nausea	6	40	7	46.6
2	Vomiting	4	26.6	6	40
3	No complaints	5	33.3	2	13.3

The above table4.19 explains the data on first trimester symptoms of antenatal women, which reveals that majority of women in experimental and in control group 6(40%) and 7(46.6%) respectively had nausea in first trimester. In experimental group 4(26.6%) and in control group 6(40%) had vomiting in first trimester.In experimental group 5(33.3%) and in control group 2(13.3%) had no complaints. (Figure 4.19).

Figure 4.19

First Trimester Symptoms of Antenatal Women

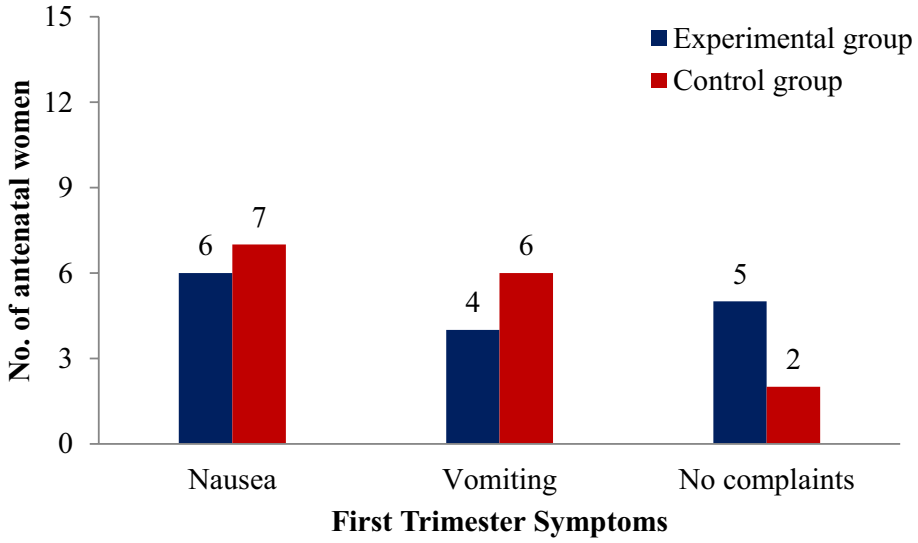


Table 4.20

Second Trimester Symptoms of Antenatal Women

(n=30)

S. No.	Second trimester	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	Heartburn	3	20	1	6.6
2	Muscle cramps	2	13.3	0	0
3	No complaints	10	66.6	14	93.3

The above table 4.20 explains the data on second trimester symptoms of antenatal women, which reveals that majority of women in experimental group 10(66.6%) and in control group 14(93.3%) had no complaints in second trimester.In experimental group 3(20%) and in control group 1(6.6%) had heartburn in second trimester. In the experimental group 2(13.3%) had muscle cramps in the second trimester. (Figure 4.20).

Figure 4.20

Second Trimester Symptoms of Antenatal Women

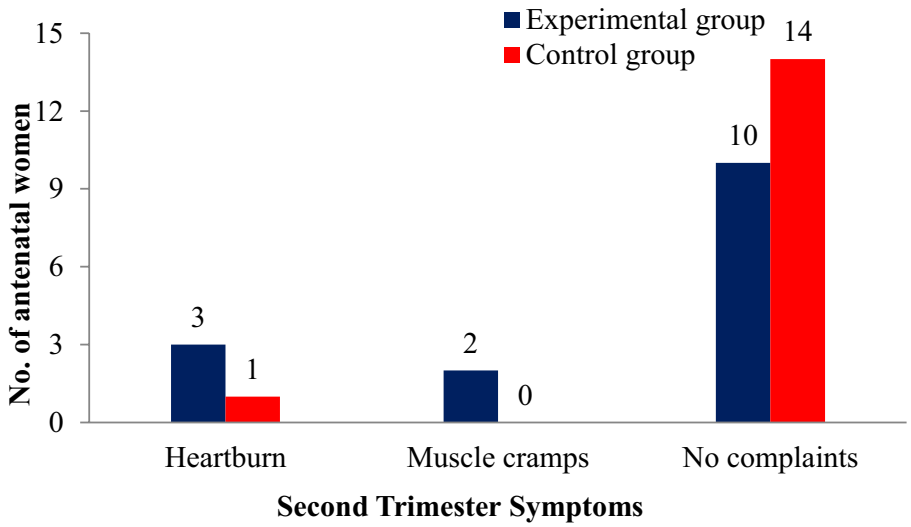


Table 4.21

Third Trimester Symptoms of Antenatal Women

(n=30)

S.No.	Third trimester	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	Back ache	0	0	2	13.3
2	No complaints	15	100	13	86.6

The above table 4.21 explains the data on third trimester symptoms of antenatal women, which reveals that majority of women in experimental group 15 (100%) and in control group 13 (86.6%), had no symptoms in third trimester. In control group 13.3% had backache in third trimester (Figure 4.21).

Figure 4.21

Third Trimester Symptoms of Antenatal Women

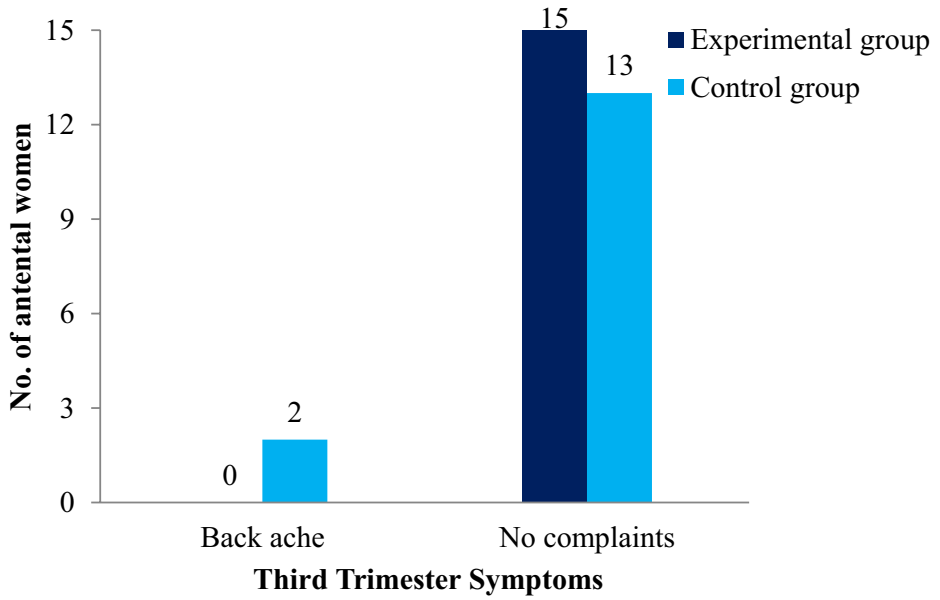


Table 4.22

High Risk Status of Antenatal Women

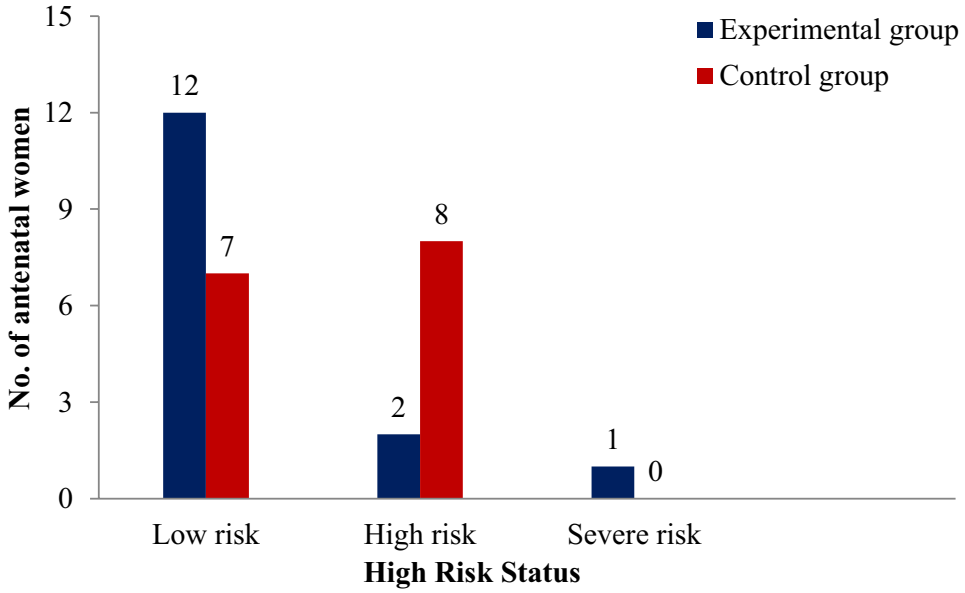
(n=30)

S. No.	High risk status	Experimental Group (n=15)		Control Group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1	Low risk	12	80	7	46.6
2	High risk	2	13.3	8	53.3
3	Severe risk	1	6.6	0	0

The above table 4.22 represents the distribution of antenatal women by high risk status .In experimental group majority 12(80%) of antenatal women were in the low risk status and in control group majority 8(53.3%) had high risk status. In experimental group 1(6.6%) antenatal women had severe risk (Figure 4.22).

Figure 4.22

High Risk Status of Antenatal Women



Section III

4.3 Assessment of the level of anxiety among antenatal women

This section deals with assessment of the level of anxiety among antenatal women before and after Benson's relaxation therapy for antenatal women, which was assessed using State Trait Anxiety Inventory for Adults. The level of anxiety was categorized as mild, moderate and severe. Collected data were organized, analyzed and presented using descriptive statistics.

Table 4.23

Level of anxiety among experimental and control group before Benson's relaxation therapy

(n=30)

S.No	Level of Anxiety	Experimental group (n= 15)		Control group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1.	Mild	0	0	2	13.3
2.	Moderate	7	46.6	8	53.3
3.	Severe	8	53.3	5	33.3

The above table 4.23 shows the antenatal women based on the level of anxiety before Benson's relaxation therapy in experimental and control group. It was found that majority of antenatal women 8 (53.3%) in experimental had severe level of anxiety. In experimental group 7(46.6%) and control group 8(53.3%) had moderate level of anxiety. In control group 5(33.3%) had severe level of anxiety.

Figure 4.23

Level of anxiety among experimental and control group before Benson's relaxation therapy

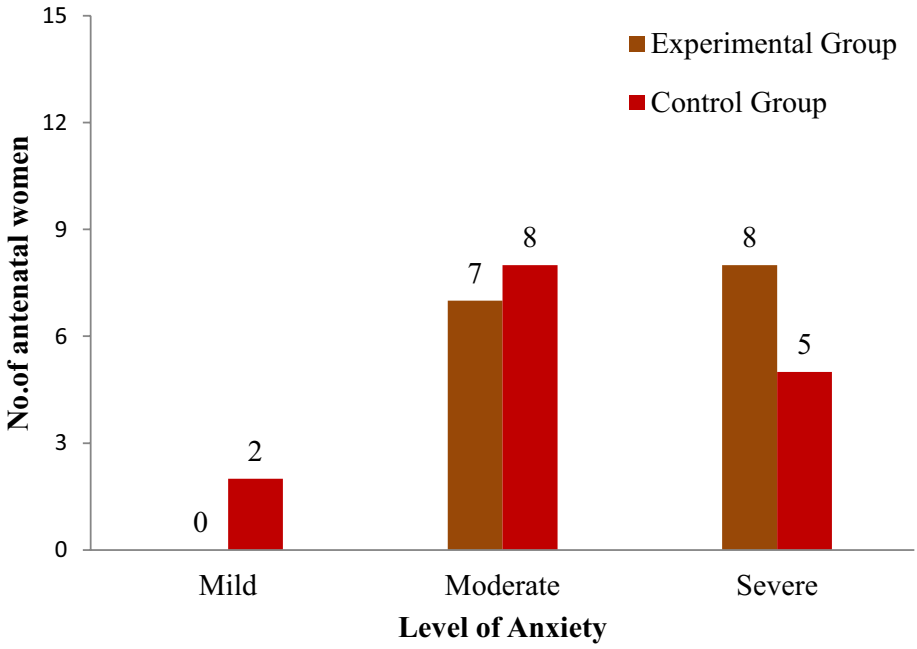


Table 4.24

Anxiety scores among experimental and control group before Benson's relaxation therapy

(n=30)

S.No	Anxiety Scores	Experimental group (n=15)		Control group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1.	40-50	-	-	-	-
2.	51-60	-	-	-	-
3	61-70	-	-	-	-
4.	71-80	-	-	2	13.3
5.	81-90	-	-	1	6.6
6.	91-100	-	-	2	13.3
7.	101-110	2	13.3	4	26.6
8.	111-120	5	33.3	1	6.6
9	121-130	4	26.6	2	13.3
10.	131-140	3	20	3	20
11.	141-150	1	6.6	-	-
12	151-160	-	-	-	-

The above table 4.24 depicts the anxiety scores obtained by the antenatal women before Benson's relaxation therapy in the both experimental and control group.The result shows that in experimental group, 2(13.3%) antenatal women had anxiety scores between101-110, 5(33.3%) antenatal women had scores between111-120,4 (26.6%) antenatal women had scores between 121-130, 3 (20%) antenatal women had scores between 131-140 and 1 (6.6) antenatal women scored 143.

In control group, 2(13.3%) antenatal women scored between 71-80,1 (6.6%) antenatal woman had scored between 81-90, 2(13.3%) antenatal women had scored between 91-100,4(26.6%) antenatal women had scored between 101-110,1(6.6%) antenatal women had scored between 111-120, 2(13.3%) antenatal women had scored between 121-130 and 3 (20%) antenatal women had scored between 131-140.

It was identified that the mean level of anxiety among antenatal women in experimental and control group was 122.4 and 108.27 respectively with a mean difference of 12.9. Likewise the standard deviation of the experimental and control group was 11.03 and 19.38 respectively.

Table 4.25

Level of anxiety among experimental and control group after Benson's relaxation therapy

(n=30)

S.No.	Level of Anxiety	Experimental group (n= 15)		Control group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1.	Mild	15	100	0	0
2.	Moderate	-	-	1	6.6
3.	Severe	-	-	14	93.3

The above table 4.25 shows the level of anxiety after Benson's relaxation therapy. It was found that 15(100%) antenatal women had mild anxiety in experimental group. In the control group 1(6.6%) antenatal women had moderate level of anxiety and 14(93.3%) had severe level of anxiety.

Figure 4.24

Level of anxiety among experimental and control Group after Benson's relaxation therapy

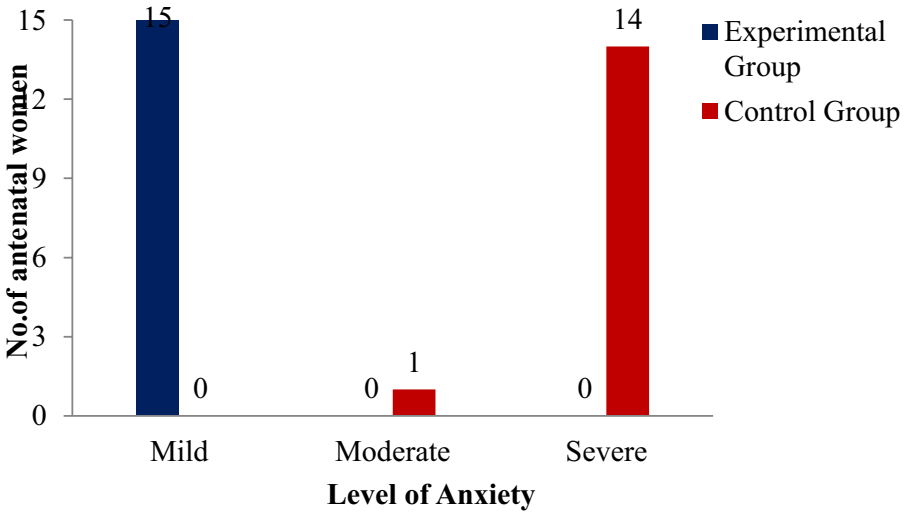


Table 4.26

Anxiety scores among experimental and control group after Benson's relaxation therapy

(n=30)

S.No.	Anxiety Scores	Experimental group (n=15)		Control group (n=15)	
		Frequency	Percentage (%)	Frequency	Percentage (%)
1.	40-50	13	86.6	-	-
2.	51-60	2	13.3	-	--
3	61-70	-	-	-	-
4.	71-80	-	-	-	-
5.	81-90	-	-	-	-
6.	91-100	-	-	-	-
7.	101-110	-	-	-	-
8.	111-120	-	-	1	6.6
9	121-130	-	-	6	40
10.	131-140	-	-	7	46.6
11.	141-150	-	-	1	6.6
12	151-160	-	-	-	-

Above table 4.26 shows that, among experimental group there were 13 (86.6%) antenatal women with the anxiety score between 40-50, 2 (13.3%) antenatal women were between 51-60.

Among control group, 1 (6.6%) antenatal women had scores between 111-120, 6 (40%) antenatal women had scores of 121-130, 7 (46.6%) antenatal women had scores between 131-140 and 1 (6.6%) antenatal women scored between 151-160.

It was identified that the mean level of anxiety among antenatal women in experimental and control group was 45.6 and 131.6 respectively with a mean difference of 86. Likewise the standard deviation of the experimental and control group was 5.02 and 5.90 respectively.

Table 4.27

Level of anxiety among experimental and control group before and after Benson's relaxation therapy

(n=30)

S.No	Level of Anxiety	Experimental group(n=15)				Control group(n=15)			
		Pretest		Post test		Pretest		Post test	
		Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)
1	Mild	0	0	15	100	2	13.3	0	0
2	Moderate	7	46.6	0	0	8	53.3	1	6.6
3	Severe	8	53.3	0	0	5	33.3	14	93.3

Table 4.27 depicts that before intervention it was found that, 7 (46.6%) antenatal women from experimental group had moderate level of anxiety and 8 (53.3%) had severe level of anxiety whereas after intervention, it was identified that 15 (100%) had mild level of anxiety.

In control group, pre-test score showed that 2 (13.3%) antenatal women had mild level of Anxiety, 8 (53.3%) had moderate level of anxiety, 5 (33.3%) had severe level of anxiety. Post-test scores showed that 1(6.6%) antenatal woman had moderate level of anxiety, 14 (93.3%) antenatal women had severe level of anxiety.

The result shows that anxiety among antenatal women in experimental group was reduced compared to control group after Benson's relaxation therapy.

Table 4.28

Anxiety scores among experimental and control group before and after Benson's relaxation therapy

(n=30)

S.No.	Anxiety Score	Experimental group (n=15)				Control group (n=15)			
		Pre-test		Post test		pre-test		Post test	
		Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)	Frequency	Percentage (%)
1.	40-50			13	86.6				
2.	51-60			2	13.3				
3	61-70								
4.	71-80					2	13.3		
5.	81-90					1	6.6		
6.	91-100					2	13.3		
7.	101-110	2	13.3			4	26.6		
8.	111-120	5	33.3			1	6.6	1	6.6
9	121-130	4	26.6			2	13.3	6	40
10.	131-140	3	20			3	20	7	46.6
11.	141-150	1	6.6					1	6.6
12	151-160								

Table 4.28 depicts that before intervention it was found that 2 (13.3%) antenatal women scored between 101-110, 5 (33.3%) antenatal women scored between 111-120, 4 (26.6%) antenatal women had scores between 121-130, 3 (20%) antenatal women had scores between 131-140 and 1 (6.6%) scored between 141-150, whereas after intervention, it was identified that 13 (86.6%) antenatal women scored between 40-50 and 2 (13.3%) scored between 51-60.

In control group, pre-test scores showed that 2 (13.3%) antenatal women scored between 71-80, 1 (6.6%) antenatal women scored between 81-90, 2 (13.3%) antenatal women scored between 91-100, 4 (26.6%) antenatal women scored between 101-110, 1 (6.6%) antenatal women scored between 111-120, 2 (13.3%) had scored between 121-130 and 3 (20%) antenatal women scored between 131-140. Whereas post-test score showed that 1 (6.6%) antenatal woman scored between 111-120, 6 (40%) antenatal women scored between 121-130, 7 (46.6%) antenatal women scored between 131-140 and 1 (6.6%) antenatal woman scored between 141-150.

The result shows that anxiety scores among antenatal women in the experimental group were reduced compared to control group after Benson's relaxation therapy.

Section IV

4.4 Effect of Benson's relaxation therapy on Anxiety among Antenatal women

This section deals with the analysis and interpretation of the effect of Benson's relaxation therapy among antenatal women. Analyzed data were presented on the following headings.

1. Effect of Benson's relaxation therapy on anxiety among antenatal women in experimental group.
2. Effect of level of anxiety among antenatal women in control group.
3. Comparison of the level of anxiety among experimental and control group before Benson's relaxation therapy.
4. Comparison of Effect of Benson's relaxation therapy on anxiety among antenatal women.

Table 4.29

Effect of Benson's relaxation therapy on Anxiety among Antenatal women in experimental group

(n=15)

Level of Anxiety	Mean	SD	Mean difference	't' value
Before intervention	122.4	11.03	76.8	21.63***
After intervention	45.6	5.02		

***Significant at 0.001 level

Paired 't' test was used to assess the effect of Benson's relaxation therapy on level of anxiety among antenatal women before and after the intervention. It was identified that, the mean score before and after Benson's relaxation therapy among experimental group was 122.4 and 45.6 respectively with a mean difference of 76.8. Standard deviation was 11.03, 5.02 and the calculated't' value was 21.63. While comparing with table value, it showed that the calculated't' value was greater than the table value was highly significant at 0.001 level.

Thus the research hypothesis, there will be a significant difference between the level of anxiety before and after administering Benson's relaxation therapy among antenatal women was accepted.

Table 4.30

Analysis of level of anxiety among antenatal women in control group

(n=15)

Level of Anxiety	Mean	SD	Mean difference	't' value
Pre test	108.7	19.38	23.33	1.011
Post test	131.6	5.90		

Paired‘t’ test was used to analyze the level of anxiety among antenatal womenin control group. It was identified that, the mean score of anxiety before and after was 108.7 and 131.6 respectively with a mean difference of 23.33. Standard deviation were 19.38 and 5.90 respectively and the calculated‘t’ value was 1.011 which was lesser than the table value. Hence significant difference was not found in the level of anxiety among antenatal women in control group.

Table 4.31

Comparison of Level of Anxiety among Experimental and Control group Before Benson's relaxation Therapy

(n=30)

Group	Mean	SD	Mean difference	't' value
Experimental Group	122.4	11.03	12.9	2.54
Control Group	108.27	19.38		

Unpaired 't' test was used to compare the level of anxiety before Benson's relaxation therapy among both the groups. It was identified that the mean level of anxiety among antenatal women in experimental and control group was 122.4 and 108.27 respectively with a mean difference of 12.9. Likewise the standard deviation of the experimental and control group was 11.03 and 19.38 respectively. The calculated't' value was 2.54 which was less than the table value at 0.01 level of significance. There is a homogeneity in the level of anxiety among experimental and control group of antenatal women before Benson's relaxation therapy.

Table 4.32

Comparison of effect of Benson's relaxation therapy on anxiety among antenatal women

(n=30)

Group	Mean	SD	Mean difference	't' value
Experimental Group	45.6	5.02	86	44.55***
Control Group	131.6	5.90		

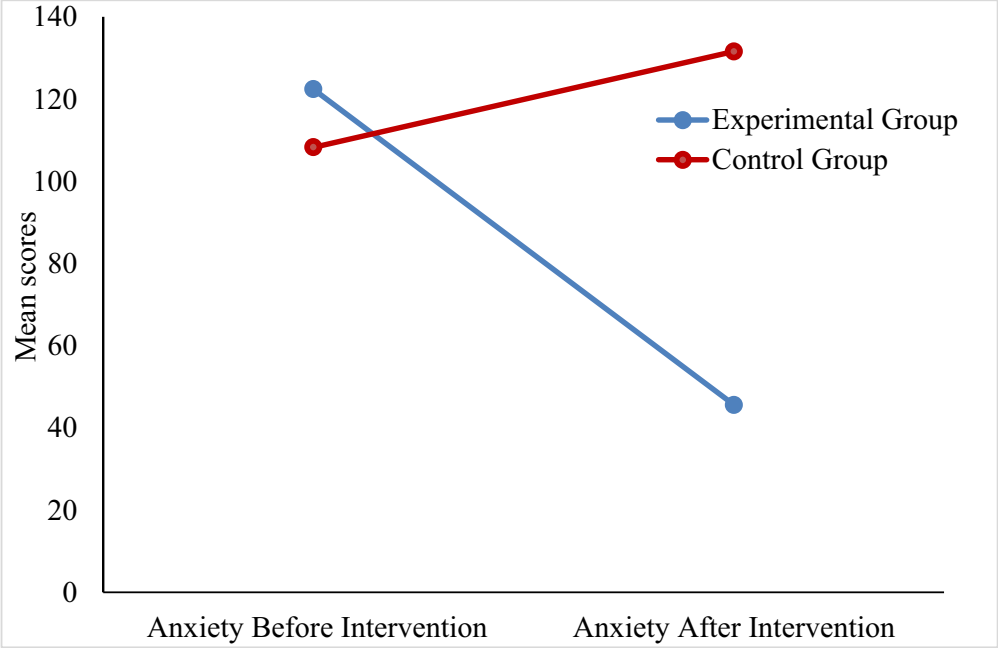
***Significant at 0.001 level

Unpaired't' test was used to compare the post- test level of anxiety among experimental and control group. It was identified that the mean level of anxiety among antenatal women in experimental and control group was 45.6 and 131.6 respectively with a mean difference of 86. Likewise the standard deviation of the experimental and control group was 5.02 and 5.90 respectively. The calculated't' value was 44.55 which was greater than the table value was highly significant at 0.001 level.

Hence the research hypothesis 'There will be a significant difference in the post-test level of anxiety between the experimental and control group was accepted.

Figure 4.25

Comparison of anxiety among antenatal women in experimental group and control group



Section V

4.5 Association between the pre-test level of anxiety and selected demographic characteristics and clinical profile of antenatal women

Chi square test (with Yates correction) was used to find the association between level of anxiety and selected demographiccharacteristics and clinical profile ; age, educational status, occupation ,duration of marriage, type of family ,monthly income and clinical profile like gravida, mode of conception, blood pressure, high risk status.

Table 4.32

Association between the pre-test level of anxiety and selected demographic characteristics and clinical profile of antenatal women

(n=30)

S.No	Demographic variables and clinical profile	Category	Frequency	Level of Anxiety			χ^2 value (Yates correction)	Degree of freedom (r-1)(c-1)	χ^2 Table value
				Mild	Moderate	Severe			
1.	Age	21-30 31-40 41- and above	24 5 1	1 1 0	13 2 1	10 2 0	8.73	4	13.28
2.	Educational status	High school Degree Post graduate	7 20 3	0 0 2	3 11 1	4 9 0	12.51	4	13.28
3.	Occupation	Self employed Private employee Unemployed	5 3 22	0 2 0	1 1 14	4 0 8	12.06	4	13.28
4.	Duration of marriage	1-5 6-10 11-15 16-20	17 10 1 2	2 0 0 0	9 4 0 2	6 6 1 0	12.07	6	16.81

S.No	Demographic variables and clinical profile	Category	Frequency	Level of Anxiety			χ^2 value (Yates correction)	Degree of freedom (r-1)(c-1)	χ^2 Table value
				Mild	Moderate	Severe			
5.	Type of family	Nuclear Joint	20 10	1 1	9 6	10 3	9.74**	2	9.21
6.	Monthly income	5001-10,000 >10,000	24 6	0 2	14 1	10 3	22.38**	2	9.21
7.	Gravida	Primigravida Multigravida	18 12	1 1	11 4	6 7	2.81	2	9.21
8.	Mode of conception	Spontaneous In vitro-Fertilization	28 2	2 0	13 2	13 0	1.65	2	9.21
9.	Blood pressure	120/90 130/90 140/90 150/90	18 5 4 3	0 1 0 1	11 2 2 0	7 2 2 2	9.066	6	16.81
10.	High risk status	Low risk High risk Severe risk	19 10 1	1 1 0	10 4 1	8 5 0	6.25	4	13.2

**Significance at 0.01 level

Table 4.32 shows the association between pre-test level of Anxiety and selected demographic variables and clinical profile among Antenatal women. It includes age, educational status, occupation, duration of marriage, type of family, monthly income, gravida, mode of conception, blood pressure and high risk status.

It was found that chi square value for type of family (χ^2=9.74) and monthly income (χ^2=25.1), had association with the level of anxiety among antenatal women at 0.05 level of significance.

Age (χ^2=8.73), educational status (χ^2=12.51), occupation (χ^2=12.06), duration of marriage (χ^2=14.07), gravida (χ^2=2.81), mode of conception (χ^2=1.65), blood pressure (χ^2= 9.06) and high risk status (χ^2=0.6.25) had no association with the level of anxiety among antenatal women.

RESULTS AND DISCUSSION

This chapter deals with the interpretation of the results and discussion of the findings. The main aim of the study was to assess the effect of Benson's relaxation therapy on anxiety among antenatal women. Quasi experimental non-equivalent groups design was adopted in this study. By using consecutive sampling technique, 30 antenatal women were recruited for the present study, 15 antenatal women were allotted to the experimental group and 15 antenatal women were allotted to the control group. Benson's relaxation therapy was administered to antenatal women in the experimental group for 30 minutes twice daily for a period of 3 days. The levels of anxiety among antenatal women were assessed before and after the intervention. The data was analyzed using descriptive and inferential statistics.The findings are discussed based on the objectives of the study.

5.1 Demographic characteristics of antenatal women.

In the present study, out of 30 clients in experimental group, majority of antenatal women belong to the age group of 21-30 years in both experimental 10 (66.6%) and control 14 (93.3%) group. In the experimental group 4 (26.6%) antenatal women and control 1 (6.6%) antenatal woman belong to age group of 31-40 years. In experimental group 1 (6.6%) is in the age group of 41years and above.

In a similar study conducted at Hyderabad with a sample size of 1,368 women to determine prevalence of anxiety among antenatal women. Majority of antenatal women (69%) belonged to the age group of 21- 30years **(Nancy, M et al.,2009)**

Educational status of antenatal women in experimental group revealed that 10 (66.66%) were degree holders, 4 (6.6%) had high school education, 1 (6.6%) was postgraduate. In control group 10 (66.66%) were degree holders, 3 (20%) had high school education and 2 (13.3%) were postgraduates.

Regarding Occupational status, in experimental group majority 10 (66.6%) antenatal women were unemployed, 4(8.8%) were self-employed and 1(6.6%) was working as private employee. In control group majority 12 (80%) were unemployed, 2 (13.3%) were private employee and 1 (6.6%) was self-employed.

Similar findings were evident in a hospital based cross section study conducted at Aga Khan University hospital, Pakistan with a sample size of 165 antenatal women. Majority of antenatal women (76.6%) were unemployed**. (Ali,N.S et al.,2012)**

The data on education of spouse revealed that, in experimental group majority 11 (73.3%) were degree holders, 4 (26.6%) had high school education and in control group majority 9 (60%) were degree holders, 3 (20%) had high school education and 3 (20%) were post graduates.

Occupation of spouse revealed that, in experimental group 8 (53.3%) majority of them were self-employed, 5 (33.3%) were working as private employee, 2 (13.3) were government employees. In control group, majority 11 (73.3%) were self-employed, 3 (20%) were private employee, spouse of 1 (6.6%) antenatal women was a government employee.

In experimental group, the duration of marriage for majority 12 (80%) antenatal woman was within 1-10 years, for 1 (6.6%) women it within 11-15 years, 2 (13.3%) antenatal woman had duration of 16-20 years. In control group, majority 11 (73.3%) within duration of 1-5 years, 4 (26.6%) within 6-10yrs of age.

The data on religion revealed that, majority were Hindus in both experimental group, (86.6%) and control group (93.3%). In a similar study conducted in Karnataka. Majority of antenatal women (60%) were Hindus **(Gayathri, 2009).**

Data on area of residence revealed that, in experimental group most of the antenatal women 10 (66.6%) were residing in urban area. In the control group, majority 10 (66.6%) were residing in rural area.

Type of family revealed that in experimental group 8 (53.3%) antenatal women belonged to nuclear family, 7 (46.6%) belonged to joint family, and in control group 12 (80%) belonged to nuclear family, 3 (20%) belonged to joint family.

Considering monthly income, majority of the women in the experimental group 11 (73.3%) and control group 13 (86.6%) antenatal women had monthly income of 5001-10,000 rupees. In the experimental group 4 (26.6%) women and 2 (13.3 %) women in control group had monthly income more than 10,000 rupees. In a study conducted by **(Nisha, W et al ., 2012)** in Punjab with a sample size of 100 antenatal women had similar findings were majority of antenatal women (53%) had monthly income ranges between 50001-10,000 rupees.

Regarding the influence of selected demographic characteristics on level of anxiety among the antenatal women showed there was significant association between educational status, occupation, type of family and monthly income.

5.2 Clinical profile of antenatal women

In the present study, out of 30 antenatal women in experimental and control group majority 9 (60%) were primigravida, 6 (40%) were multigravida.

Findings from a study conducted in major maternity government hospital in southern state of Kerala, India with a sample size of 500 antenatal women on prevalence of pregnancy anxiety and associated factor, showed that majority of antenatal women were primigravida. **(Souza, M.S et al., 2015).**

In terms of weeks of gestation, majority 9 (60%) of antenatal women in both experimental and control group had a gestational age of 36-40 weeks. In experimental group 2 (13.3%) antenatal women had 25-30 weeks of gestation. In experimental group 4 (26.6%) and in control group 6 (40%) antenatal women had 31-35 weeks of gestation. In a similar study conducted in Iran with a sample size of 160 antenatal women the anxiety for child birth increases between gestational age of 28^{th} to 38^{th} weeks **(Alipour Z et al., 2011).**

The data on present mode of conception reveals that majority in experimental 13 (86.6) and control group 15 (100%) had spontaneous conception and in experimental group 2 (13.3%) had in vitro fertilization.

The data on weight reveals that in experimental group majority 5 (33.3%) of antenatal women were between 66-70kg and in control group majority 8 (53.3%) were between 61-65kg. The total weight gain during the course of a singleton pregnancy for a healthy woman averages 11kg **(Konar, H.2013).**

The data on blood pressure revealed that majority of antenatal women in both experimental group 11 (73.3%) and in control group 7 (46.6%) had blood pressure of 120/80mmHg. In experimental group 2 (13.3%) and in control group 3 (20%) women had blood pressure of 130/90mmHg. In both the groups 2 (13.3%) women had blood pressure ranges of 140/90mmHg. In control group 3 (20%) women had blood pressure in the range of 150/90mmHg

In terms of birth spacing, in the experimental group 2 (13.3%) antenatal women had birth spacing between 1-5years and 6-10yrs respectively and in control group 6 (40%) antenatal women had birth spacing within 1-5years. Majority of antenatal women in both experimental group 11 (73%) and control group 9 (60%) had no birth spacing.

Majority of antenatal women in both experimental group 11 (73.3%) and control group 9 (60%) were primigravida mothers. In experimental group 3 (20%) and in control group 6 (40%) previously had spontaneous conception. In experimental group 1 (6.6%) women had conceived through in vitro fertilisation.

Majority of antenatal women in both experimental group 12 (80%) and control group 10 (66.6%) were primigravida mothers. In experimental group 3 (20%) and control group 1 (6.6%) had previous normal vaginal delivery. In experimental group 1 (6.6%) antenatal women and in control group 5 (3.3%) antenatal woman had previous lower segment caesarean section.

The data on first trimester symptom revealed that majority of antenatal women in experimental group 6 (40%) and control group 7 (46.6%) experienced nausea. In second and third trimester, majority of both groups had no complaints of any symptoms.

The risk status assessed using Coopland high risk evaluation form revealed that in experimental group majority 12 (80%) belonged to low risk, 2 (13.3%) belonged to high risk, 1 (6.6%) belonged to severe risk. In control group majority 8 (53.3%) belonged to high risk and 7 (46.6%) belonged to low risk. In a similar study Coopland high risk evaluation form was used to assess the high risk antenatal women**. (International journal of health care and bio medical research, 2015)**

5.3 Assessment of the level of anxiety among antenatal women.

Assessment of the level of anxiety among antenatal women before and after Benson's relaxation therapy for antenatal women, which was assessed using State Trait Anxiety Inventory for adults. The level of anxiety was categorized as mild, moderate and severe.

5.3.1 Level of anxiety among experimental and control group before Benson's relaxation therapy.

Assessment of the level of anxiety among 30 antenatal women before Benson's relaxation therapy shows, in experimental group 7 (46.6%) had moderate level of anxiety and 78 (53.3%) had severe level of anxiety. In control group, 2 (13.3%) had mild level of anxiety, 8 (53.3%) had moderate level of anxiety and 5 (33.3%) had severe level of anxiety.

Girija,K.M et al.,(2015) conducted a study on prevalence of pregnancy anxiety and associated factors among 500 low risk third trimester antenatal women. The State Trait Anxiety Inventory for Adults was administered to assess level of anxiety. The researcher concluded that of the women in experimental group (71%) had moderate and (29%) had severe level of anxiety before Benson's relaxation therapy.

5.3.2 Anxiety scores among experimental and control group before Benson's relaxation therapy.

Assessment of the anxiety scores obtained by the antenatal women before Benson's relaxation therapy in the both experimental and control group shows that in experimental group, 2 (13.3%) antenatal woman had anxiety scores between 101-110, 5 (33.3%) antenatal woman had scores between 111-120, 4 (26.6%) antenatal woman had scores between 121-130, 3 (20%) antenatal woman had scores between 131-140 and 1 (6.6) antenatal women scored 143.

In control group, 2 (13.3%) antenatal women scored between 71-80, 1 (6.6%) antenatal women had scored between 81-90, 2 (13.3%) members had scored between 91-100, 4 (26.6%) antenatal woman had scored between 101-110,1 (6.6%) antenatal woman had scored between 111-120, 2 (13.3%) had scored between 121-130 and 3 (20%) antenatal woman had scored between 131-140.

5.3.3 Level of anxiety among experimental and control group after Benson's relaxation therapy.

Assessment of the antenatal women based on the level of anxiety after Benson's relaxation therapy. It was found that 15 (100%) antenatal women had mild anxiety in experimental group.Among the control group 1 (6.6%) antenatal women had moderate level of anxiety and 14 (93.3%)had severe level of anxiety.

5.3.4 Anxiety scores among experimental and control group after Benson's relaxation therapy.

Assessment of anxiety scores among experimental and control group after Benson's relaxation therapy showed among experimental group there were 13 (86.6%) antenatal women with the anxiety score between 40-50, 2 (13.3%) antenatal women were between 51-60.

Among control group, 1 (6.6%) antenatal women had scores between 111-120,6 (40%) members had scores of 121-130,7 (46.6%) antenatalwomen had scores between 131-140 and 1 (6.6%) antenatal women scored between 151-160.

5.3.5 Assessment of the level of anxiety among experimental and control group before and after Benson's relaxation therapy.

Assessment of the level of anxiety among experimental and control Group before and after Benson's relaxation therapy showed that before intervention 7 (46.6%) antenatal women from experimental group had moderate level of anxiety and 8 (53.3%) had severe level of anxietywhereas after intervention, it was identified that 15 (100%) had mild level of Anxiety..

In control group, pre-test score showed that 2 (13.3%) antenatal women had mild level of Anxiety, 8 (53.3%) had moderate level of anxiety, 5 (33.3%) had severe level of anxiety and post-test score showed that 1(6.6%)had moderate level of anxiety, 14 (93.3%) had severe level of anxiety.

The result shows that anxiety among antenatal women in experimental group was reduced compared to control group after Benson's relaxation therapy.

5.4 Effect of Benson's relaxation therapy on anxiety among antenatal women

5.4.1 Effect of Benson's relaxation therapy on anxiety among antenatal women in experimental group.

The mean score before and after Benson's relaxation therapy among experimental group was 122.4 and 45.6 respectively with a mean difference of 76.8. Standard deviation was 11.03, 5.02 and the calculated't' value was 21.63.

While comparing with table value, it showed that the calculated 't' value was greater than the table value was highly significant at 0.001 level.

Thus the research hypothesis H_1;' There will be a significant difference between the level of anxiety before and after administering Benson's relaxation therapy among antenatal women was accepted.

A study was conducted by **Philip,N.M., & Sumathi G.(2014)** on effectiveness of Benson's relaxation therapy on anxiety and coping among mothers with high risk with a sample size of 30 at Sri Ramachandra Hospital, Chennai. The study result shows that there was a significant difference in the anxiety and coping scores after the intervention at the level of $P<0.001$. This proved that the Benson's relaxation therapy was effective in reducing the level of anxiety and enhancing coping among mothers with high risk pregnancies.

5.4.2 Analysis of level of anxiety among antenatal women in control group.

It was identified that, the mean score of anxiety before and after was 108.7 and 131.6 respectively with a mean difference of-23.33. Standard deviation were 19.38 and 5.90 respectively and the calculated 't' value was 1.011 which was lesser than the table value. Hence significant difference was not found in the level of anxiety among antenatal women in control group.

5.4.3 Comparison of level of anxiety among experimental and control group before Benson's relaxation Therapy.

The mean level of anxiety among antenatal women in experimental and control group was 122.4 and 108.27 respectively with a mean difference of 12.9. Likewise the standard deviation of the experimental and control group was 11.03

and 19.38 respectively. The calculated‘t’ value was 2.54 which was less than the table value at 0.01 level of significance. There is a homogeneity in the level of anxiety among experimental and control group of antenatal women before Benson’s relaxation Therapy.

5.4.4 Comparison of effect of Benson’s relaxation therapy on anxiety among antenatal women.

On comparison of thepost-test level of anxiety among experimental and control group, it was identified that the mean level of anxiety among antenatal women in experimental and control group was 45.6 and 131.6 respectively with a mean difference of 86. Likewise the standard deviation of the experimental and control group was 5.02 and 5.90 respectively. The calculated ‘t’ value was 44.55 was greater than the table value which was highly significant at 0.001 level.

Hence the research hypothesis $H_{2;}$ ‘There will be a significant difference in the post test level of anxiety between the experimental and control group was accepted.

5.5 Association between the level of anxiety and selected demographic characteristics and clinical profile of antenatal women.

The association between the level of Anxiety and selected demographic characteristics and clinical profile among antenatal women were calculated using Chi square. There was significant association between demographic characteristics such as, type of family, monthly income and level of anxiety among antenatal women at 0.01 level of significance.

In a study conducted in Kerala with a sample size of 500 low risk antenatal women, there was significant association between the type of family and woman belonging to nuclear family had more anxiety in antenatal period**. (GirijaK.M et al.,2015).**

Similar findings were evident in a study conducted by **(Mata Sahib, 2012)** in Punjab with a sample size of 100 antenatal women to find out association between monthly income and antenatal anxiety showed significant association.

There is no significant association between age, educational status, occupation, duration of marriage, gravida, mode of conception, blood pressure, high risk status and level of anxiety among antenatal women.

Hence research hypothesis H_3 ; There will be a significant association between the level of anxiety and selected demographic characteristics and clinical profile was partially accepted.

In a study conducted by **Treesa,R et al., (2008)**in Portughese to assess the association between unemployment in antenatal women, findings suggested that there is no significant association between occupation and anxiety among antenatal women.

5.6 Testing hypothesis

On comparison of the post test level of anxiety among experimental and control group the calculated 't' value 44.55 was found to be significant at 0.001 level Hence the hypothesis "There will be a significant difference between the level of anxiety between the experimental and control group" was accepted**.** This proves that Benson's relaxation therapy is effective in reducing the level of anxiety among antenatal women.

SUMMARY AND CONCLUSION

This chapter deals with the findings, recommendation and implications in the field of nursing education, nursing practice, nursing administration and nursing research. The study was conducted to see the effect of Benson's relaxation therapy on the level of anxiety among antenatal women at selected wards of Sri Ramakrishna Hospital, Coimbatore.

Quasi experimental non-equivalent groups design was used for the study. The conceptual framework of the study was based upon the Helping Art in Clinical Nursing Theory by Ernesteine Wiedenbach in 1964. Both experimental and control group were selected in the same hospital. State Trait Anxiety Inventory for Adults developed by Spielberger (1983) was used to assess the level of anxiety among antenatal women. By using consecutive sampling technique, 30 antenatal women were recruited for the present study, 15 antenatal women were allotted to experimental group and 15 antenatal women were allotted to the control group.Benson's relaxation therapy was administered to antenatal women in the experimental group for 30 minutes twice daily for a period of 3 days. Post-test was done using the same questionnaire on the 3rd day (after the last session). The data analysis was done using descriptive and inferential statistics.

6.1 Major Findings of the Study

6.1.1 Data on age revealed that, majority of the antenatal woman belonged to 21-30 years in both experimental, 10(66.6%) and control group, 14(93.3%).

6.1.2 Educational status of antenatal women revealed that, most of them were degree holders in both experimental 10(66.6%) and control group 10(66.6%).

6.1.3 In both groups majority of antenatal women were unemployed in experimental group 10(66.6%) and in control group 12(80%) respectively.

6.1.4 Data on education of spouse revealed that, most of them were degree holdersin both experimental 11(73.3%) and control group 9(60%).

6.15 Data on occupation of spouse revealed that, majority were self-employed in both experimental 8(53.3%) and control group 11(73.3%).

6.16 Marital status revealed that, for majority of antenatal women the duration of marriage in experimental group 12(80%) was within 1-10years and in control group 11(73.3%) within 1-5years.

6.17 Data on religion revealed that, majority were Hindus in both experimental group 13 (86.6%) and control group 14(93.3%).

6.18 In the experimental group, majority, and 10(66.6%) antenatal women resided in urban area and in control group, 10(66.6%) of antenatal women were from rural area.

6.1.9 Data on type of familyrevealed that, majority of antenatal women belonged to nuclear family in both experimental 8(53.3%) and control group 12(80%).

6.1.10 Data on monthly income revealed that, most of them had monthly income between 5001-10,000 rupees in both experimental 11(73.3%) and control group 13(86.6%).

6.1.11 The pretest score shows that majority of antenatal women in experimental group 8(53.3%) had severe level of anxiety. Majority in control group 8(53.3%) had moderate level of anxiety.

6.1.12 The studyshows that in the experimental group 15(100%) the level of anxiety was reduced from severe and moderate level to mild level of anxiety after intervention.

6.1.13 The study shows that Benson's relaxation therapy was effective in reducing the level of anxiety among antenatal women, in the experimental group from the mean anxiety score was reduced from 122.4 to 45.6 and in the control group the mean anxiety score increased from 108.27 to 131.6.

6.1.14 Comparison of effect of Benson's relaxation therapy on anxiety among antenatal women in experimental and control group after the intervention was showed highly significant difference at 0.001 level.

6.1.15 There was a significant association ($p<0.01$) between demographic characteristics such as type of family, monthly income and level of anxiety among antenatal women.

6.1.16 There was no association between age, educational status,occupation, duration of marriage, gravida, mode of conception,blood pressure,high risk status and level of anxiety among antenatal women.

6.2 Limitations

6.2.1 Sample size of the study was small which limits the generalization of the study findings.

6.2.2 The study was limited to the antenatal women who could speak Tamil.

6.3 Recommendations

6.3.1 A longitudinal study can be conducted to determine the long term effect of Benson's relaxation therapy on level of anxiety among antenatal women.

6.3.2 A study can be conducted to compare the level of anxiety among hospitalized and non-hospitalized antenatal women.

6.3.3 Further research can be carried out to find out the effect of Benson's relaxation therapy on other disease conditions like menopausal symptoms, hypertension and chronic insomnia

6.4 Nursing Implications

6.4.1 Nursing Education

Benson's relaxation therapy in the present study has proved that it can reduce the level of anxiety among antenatal women. Nurse educators need to have knowledge and awareness on Benson's relaxation therapy, as it is an effective measure to reduce anxiety. Benson's relaxation therapy can be utilized and included in the nursing curriculum as a complementary therapy.

6.4.2 Nursing Administration

The nurse administrators can draw written policies regarding Benson's relaxation therapy to decrease the level of anxiety among antenatal women. Thereby the staff nurses can keep in pace with the evidence based practice and update their knowledge about various complementary therapies which are useful in clinical practice.

6.4.3 Nursing Practice

Benson’s relaxation therapy is an effective measure to reduce the anxiety level among antenatal women. Staff nurses can be trained to implement Benson’s relaxation therapy to decrease the level of anxiety among antenatal women. Nurses working in hospitals can teach this therapy to family members of antenatal women. Clients with anxiety can be trained in Benson’s relaxation therapy to practice in their day to day life.

6.4.4 Nursing Research

The study has tested the effectiveness of Benson's relaxation therapy on anxiety among antenatal women. It can be used as evidence based practice for reducing anxiety. Similar studies can be undertaken for assessing the Anxiety among antenatal women in different settings and clients with menopausal symptoms, hypertension, chronicinsomnia, anxiety, migraine and for cardiac rehabilitation.

6.5 Conclusion

Pregnancy is a precious experience. Anxiety disorders are prevalent during antenatal period, playing a large part in the quality of life. Relaxation mediates anxiety reduction and has an important role in physiological, psychological and social function. The study was conducted to find the effect of Benson's relaxation therapy on anxiety among antenatal women. In the experimental group there was a significant difference in the level of anxiety between pre-test and post- test scores after implementation of Benson's relaxation therapy. In control group there was no significant difference in between the pre-test and post- test scores of level of anxiety. This shows that the Benson's relaxation therapy is effective in reducing the anxiety among antenatal women. Hence, the researcher concludes that this intervention is simple, effective, and has a mind-body and spirit approach to reduce anxiety among antenatal women.

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Effectiveness of Benson's relaxation therapy on Anxiety among antenatal women in a selected hospital at Coimbatore, Tamilnadu

SECTION-A

PART I- DEMOGRAPHIC CHARACTERISTICS

1. **Sample no:**
2. **Age**:
3. **Education:**
   - a. Illiterate ☐
   - b. Primary school ☐
   - c. High school ☐
   - d. Degree ☐
   - e. Post graduation ☐
4. **Occupation:**
   - a. Self employed ☐
   - b. Private employee ☐
   - c. Government employee ☐
   - d. Unemployed ☐
5. **Education of spouse:**
   - a. Illiterate ☐
   - b. Primary school ☐
   - c. High school ☐
   - d. Degree ☐
   - e. Post graduation ☐
6. **Occupation of spouse:**
   - a. Self employed ☐
   - b. Private employee ☐
   - c. Government employee ☐
   - d. Unemployed ☐
7. **Duration of marriage:**

8. Religion:

a. Hindu ☐

b. Christian ☐

c. Muslim ☐

9. Area of residence:

a. Rural ☐

b. Urban ☐

10. Type of family:

a. Nuclear family ☐

b. Joint family ☐

11. Income:

a. <5,000 ☐

b. 5,001-10,000 ☐

c. >10,001 ☐

PART II- CLINICAL PROFILE

1. Obstetrical score: G P A L
2. Weeks of gestation:
3. Mode of conception:
   - Spontaneous ☐
   - IVF ☐
4. Weight:
5. Weight gain:
6. Blood pressure:

7. **Past obstetrical history:**

    a. Year of previous delivery:
    b. Mode of previous conception:
        - Spontaneous ☐
        - IVF ☐
    c. Complications during pregnancy:
    d. Mode of previous delivery:
    e. Complications during pueperium:

8. **Present obstetrical history**

1st trimester:

a. Nausea ☐
b. Vomiting ☐
c. Pica ☐
d. Anorexia ☐
e. Constipation ☐
f. Exposure to radiation ☐
g. No complaints ☐

2nd trimester:

a. Heartburn ☐
b. Backache ☐
c. Muscle cramps ☐
d. Anemia ☐
e. No complaints ☐

3rd trimester:

a. Heartburn ☐
b. Constipation ☐
c. Frequency of micturition ☐
e. No complaints ☐

8. High risk Assessment

    a. High risk status:
    b. High risk score:

9. Other complaints:

SECTION B

Self-evaluation questionnaire

State Trait Anxiety Inventory for Adults (STAI Form Y-1)

Directions:

Read each statement and then circle the appropriate number to the right of the statement to indicate how you *feel right now*, that is*, at this moment*. There are no right or wrong answers.

S. No.		Not at all	Some-what	Moderately so	Very Much so
1	I feel calm				
2	I feel secure				
3	I am tense				
4	I feel strained				
5	I feel at ease				
6	I feel upset				
7	I am presently worrying over possible misfortunes				
8	I feel satisfied				
9	I feel frightened				
10	I feel comfortable				
11	I feel self-confident				
12	I feel nervous				
13	I am jittery				
14	I feel indecisive				
15	I am relaxed				
16	I feel content				
17	I am worried				
18	I feel confused				
19	I feel steady				
20	I feel pleasant				

Self-Evaluation Questionnaire

State Trait Anxiety Inventory for Adults (STAI form Y-2)

Directions:

Read each statement and then circle the appropriate number to the right of the statement to indicate *how you generally feel*. There are no right or wrong answers.

S. No.		Almost never	Sometimes	Often	Almost always
21	I feel pleasant				
22	I feel nervous and restless				
23	I feel satisfied with myself				
24	I wish I could be as happy as others seem to be				
25	I feel like a failure				
26	I feel rested				
27	I am “calm, cool, and collected”				
28	I feel that difficulties are piling up so that I cannot overcome them				
29	I worry too much over something that really doesn’t matter				
30	I am happy				
31	I have disturbing thoughts				
32	I lack self-confidence				
33	I feel secure				
34	I make decision easily				
35	I feel inadequate				
36	I am content				
37	Some unimportant thought run through my mind and bothers me				
38	I take disappointments so keenly that I can’t put them out of my mind				
39	I am a steady person				
40	I get in a state of tension or turmoil as I think over my recent concerns and interests.				

INTERPRETATION

Score range from	40-160
Mild anxiety	40-80
Moderate anxiety	81-120
Severe anxiety	121-160

தேர்ந்தெடுக்கப்பட்ட கோவை மருத்துவமனைகளில் உள்ள கர்பிணிப் பெண்களின் மன அழுத்தத்தில் டென்சன் தளர்வு சிகிச்சையின் திறன்

பகுதி - அ

பகுதி 1 - தனிநபர் விவரம்

1. மாதிரி எண்:

2. வயது:

3. கல்வி தகுதி
   a. கல்வியறிவின்மை ☐
   b. முதன்மைப்பள்ளி ☐
   c. உயர்நிலைப்பள்ளி ☐
   d. பட்டப்படிப்பு ☐
   e. முதுகலைப்பட்டம் ☐

4. தொழில்
   a. சுயதொழில் ☐
   b. தனியார் நிறுவன ஊழியர் ☐
   c. அரசு ஊழியர் ☐
   d. பணியில் இல்லை ☐

5. கணவரின் தொழில்
   a. சுயதொழில் ☐
   b. தனியார் நிறுவன ஊழியர் ☐
   c. அரசு ஊழியர் ☐
   d. பணியில் இல்லை ☐

6.திருமணமாகி எத்தனை வருடங்கள் ஆகின்றன?

7.மதம்
   a. இந்து ☐
   b. கிறுஸ்துவர் ☐
   c. இஸ்லாமியர் ☐

8.வசிக்கும் பகுதி
   a. கிராமம் ☐
   b. நகரம் ☐

9.குடும்ப வகை
   a. தனிக்குடும்பம் ☐
   b. கூட்டுக்குடும்பம் ☐

10. வருவாய்
   a. 5000க்கும் கீழ் ☐
   b. 5001 – 10000 ☐
   c. 10001க்கும் மேல் ☐

பகுதி 2 - மருத்துவ குறிப்புகள்

1. கர்ப காலத்தில் கவனிக்கும்
   மருத்துவர் தரும் அளவீடு :

2. கர்ப்பம் தரித்த பின் வார
   எண்ணிக்கை :

3. தற்போதைய கருத்தரிப்பு முறை :
   இயற்கை ☐
   செயற்கை ☐
4. எடை :
5. எடை அதிகரிப்பு :
. இரத்த அழுத்த அளவு :

7. அதிக பலவீன நிலை :

a. கடந்த மகப்பேறு வரலாறு

   கடைசியாகப் பிரசவித்த வருடம் :

b. முந்தைய கருத்தரிப்பு முறை :
   இயற்கை ☐
   செயற்கை ☐
c. ஏதேனும் சிக்கல்கள் இருந்தனவா? :
d. எந்த வகைப் பிரசவம்? :
e. பிரசவித்த 6 வாரங்களில் ஏதேனும்
   பாதிப்பு இருந்தனவா? :

8. தற்போதைய பிரசவ விவரங்கள்

முதல் கர்ப காலம்:

a. குமட்டல் ☐
b. வாந்தி ☐
c. அசாதாரண உணவு உட்கொள்ளுதல் ☐
d. பசியின்மை ☐
e. மலச்சிக்கல் ☐
f. கதிர்வீச்சு ☐
g. தொந்தரவு எதுவும் இல்லை ☐

மத்திய கர்ப காலம்:

a. நெஞ்சு எரிச்சல் ☐
b. முதுகுவலி ☐
c. தசைப்பிடிப்பு ☐
d. இரத்த சோகை ☐
e. தொந்தரவு எதுவும் இல்லை ☐

பின் கர்ப காலம்:

a. நெஞ்சு எரிச்சல் ☐
b. மலச்சிக்கல் ☐
c. அடிக்கடி சிறுநீர் கழித்தல் ☐
d. தொந்தரவு எதுவும் இல்லை ☐

9. ஆபத்து நிலை பரிசோதனை:

a. ஆபத்து நிலையில் நிலைமம் ☐
b. ஆபத்து நிலையில் அளவீடு ☐

10. மற்ற பிரச்சனைகள்:

பகுதி – ஆ

நெறிமுறை: கொடுக்கப்பட்டுள்ள வாக்கியங்களைப் படித்து தற்போது இந்த நிமிடம் நீங்கள் தங்களுக்கு ஏற்றது என எண்ணும் வாக்கியத்தை சரியான எண்ணில் வட்டமிடுக. இவற்றில் சரி / தவறு என்ற பதில்கள் பொருந்தாது

வ. எண்	கூற்றுகள்	இல்லவே இல்லை	ஓரளவில்	மிதமாக	மிக அதிகமாக
1.	நான் அமைதியை உணர்கிறேன்				
2.	நான் பாதுகாப்பாக உணர்கிறேன்				
3.	நான் பதற்றமாக உணர்கிறேன்				
4.	நான் கஷ்டப்படுவதாக உணர்கிறேன்				
5.	நான் இயல்பாக இருப்பதை உணர்கிறேன்				
6.	நான் வருத்தமாக உணர்கிறேன்				
7.	நான் இப்போது ஏற்பட்டுள்ள துரதிஷ்ட நிலையை எண்ணி கவலைப்படுகிறேன்				
8.	நான் திருப்தியாக உள்ளேன்				
9.	நான் பயப்படுகிறேன்				
10.	நான் சௌகரியத்தை உணர்கிறேன்				
11.	நான் தன்னம்பிக்கையாக இருப்பதை உணர்கிறேன்				
12.	நான் அசௌகரியத்தை உணர்கிறேன்				
13.	நான் நடுக்கத்தை உணர்கிறேன்				
14.	நான் முடிவு எடுப்பதற்கு கஷ்டப்படுகிறேன்				
15.	நான் தளர்வுடன் இருப்பதாக உணர்கிறேன்				
16.	நான் நம்பிக்கையுடன் உள்ளேன்				
17.	நான் கவலைப்படுகிறேன்				
18.	நான் குழப்பமாக உள்ளேன்				
19.	நான் தடுமாற்றமின்றி உள்ளேன்				
20.	நான் புத்துணர்வுடன் இருக்கிறேன்				

நெறிமுறை: கொடுக்கப்பட்டுள்ள வாக்கியங்களை படித்து உங்களின் பொதுவான உணர்வை ஏற்படுத்தும் வாக்கியத்தை சரியான எண்ணில் வட்டமிடுக. இவற்றில் சரி / தவறு என்ற பதில்கள் பொருந்தாது

வ. எண்	கூற்றுகள்	கிட்டத்தட்ட எப்பொழுதும்	சில வேலைகளில்	அடிகடி	எப்பொதும்
21.	நான் புத்துணர்வுடன் இருப்பதை உணர்கிறேன்				
22.	நான் பதற்றமாகவும், அமைதியின்றியும் இருப்பதாக உணர்கிறேன்				
23.	நான் திருப்தியாக உள்ளேன்				
24.	நான் மற்றவர்களைப் போல் மகிழ்ச்சியாக இருக்க விரும்புகிறேன்				
25.	நான் தோல்வியடைந்தவனாக எண்ணுகிறேன்				
26.	நான் ஒய்வுடன் இருப்பதாக உணர்கிறேன்				
27.	நான் அமைதியுடனும் மகிழ்ச்சியுடனும் இருக்கிறேன்				
28.	எனது கஷ்டங்கள் அதிகமாவதினால் அவற்றிலிருந்து மீள முடியவில்லை				
29.	நான் தேவையற்ற காரணங்களுக்காக அதிகமாக வேதனைப்படுகிறேன்				
30.	நான் மகிழ்ச்சியாக உள்ளேன்.				
31.	எனக்கு குழப்பமான எண்ணங்கள் உள்ளன				
32.	எனக்கு தன்னம்பிக்கை குறைவாக உள்ளது				
33.	நான் பாதுகாப்பாக இருப்பதை உணர்கிறேன்				
34.	நான் எளிதாக முடிவு எடுப்பேன்				
35.	நான் பயனற்றவனாக இருப்பதாக எண்ணுகிறேன்				
36.	நான் நம்பிக்கையுடன் உள்ளேன்				

வ. எண்	கூற்றுகள்	கிட்டத்தட்ட எப்பொழுதும்	சில வேலைகளில்	ஆடிகடி	எப்பொதும்
37.	எனக்கு சிலமுக்கியமில்லாத எண்ணங்கள் நினைவில் ஓடுகின்றன.				
38.	என் மனதில் உள்ளவைகளை அகற்ற முனைப்போடு முற்படும்போது நான் எமாற்றம் அடைகிறேன்				
39.	நான் ஒரு நிலையான மனிதன்				
40.	எனது சமீபத்திய கவலைகள் மற்றும் நலன்கள் பற்றி நினைக்கும் போது பதற்றம் மற்றும் கொந்தளிப்பு நிலையை அடைகிறேன்				